

December 2005



BONES

Naval Air Force Medical Newsletter



75



Volume 12
Issue Four

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Cover Photo: Pilots and aircrew, assigned to the Combined Helicopter Strike Maritime Squadron, involved with Joint Task Force Katrina, discuss their morning flight schedule, on the flight deck aboard the Nimitz-class aircraft carrier USS Harry S. Truman (CVN 75). U.S. Navy photo by Photographer's Mate 3rd Class Dustin Gates (RELEASED)

Rear Cover Photo: Rear Adm. David Architzel, signs the first steel plate cut for CVN 78, the first ship of the CVN 21 program, during the ceremony at Northrop Grumman Newport News shipyard. Innovations for the CVN 21 program include an enhanced flight deck capable of increased sortie rates, improved weapons movement, a redesigned island, a new nuclear power plant, reduced manning and allowed for future technologies. Photo courtesy of Northrop Grumman Corporation (RELEASED)

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The editor, CDR John Larnerd, MSC, USN, welcomes your comments, opinions, and articles of general interest to the Naval Air Force medical communities.

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Naval Air Force Surgeon

CAPT Mark Edwards, MC, USN COMNAVAIRFOR

Congratulations to CAPT(s) John Burgess and CAPT John Lee for successful Senior Executive Medical Screening Board. After two years of dismal progress, our aeromedical community is doing well again. Feedback from our community leader indicates that the most common factor for successful promotions from O-5 to O-6 was Director positions. For SMOs, please keep this key point in mind as you rotate from operational to MTF billets.

Our new COMNAVAIRFOR INST 6000.1, Shipboard Medical Procedures Manual, was released on 21 OCT 2005. Important changes include Fleet Response Plan (FRP), optional blood products, Fleet Prime Vendor, and new QA program. The new appendices include a MEDEVAC guide, new formulary, and AMMAL listing. We look forward to your feedback, so that we can continue improving this document.

We made progress in Medical Informatics Technology (MIT). First, CAPT Chapman successfully fielded a new PDHA HIV system, which uses military ID cards to print barcode labels in correct VIROMED format. It allows carriers to send specimens directly to VIROMED without processing by MTFs. On Nimitz, almost 5000 specimens were processed with 99% accuracy, and HIV results were back the next week. Second, we are conducting a trial for MRRS (Medical Readiness Reporting System) with five squadrons in Kanehoe Bay. MRRS is a modern, web-based, Individual Medical Readiness (IMR) tool, successfully used by reserves for years and a viable alternative to SAMS.

Naval Health Research Center helped us complete a 7-month survey on Primary Care Optimization

aboard CVN 68. All seventeen questions scored in the highly satisfactory range. Kudos to the Nimitz medical team. There were some interesting findings on type of provider and select areas of patient care, so be sure to read the article by our Force Nurse.

We standardized carrier battle staffing with assignment of a corpsman to each repair locker. Our line commanders expect medical presence in key battle positions, and it preserves our critical staffing. It also provides an alternative to BDS assignment for corpsmen and additional opportunities for utilizing our new HM/DTs.

By now, 9-12 January 2006 should be etched on your calendar. Combined Operational Aeromedical Problems or COAP 06 is the premier conference for our community. For carrier SMOs, MAOs, RNs,

and LCPOs, the Carrier Medical Leadership Conference will provide the latest updates from CNAF Medical. For Flight Surgeons, Operational Aeromedical Problems will provide the most current information from NAMI. For

RAMs, CNAF Medical and NAMI prepared the updated Senior Medical Officer Course. Since many topics are common to all three tracks, about 1/3 of all sessions will be combined. The Bayshore Conference Center at NAS Pensacola may not be ready due to hurricane-related construction delays, so our back-up plan is NOMI facilities. The BOQ is on site and has 60 rooms reserved under the name of SUSNFS. Our own astronaut, CAPT Lee Morin, will be the keynote speaker. Official message traffic has been released (CNAF 151333Z NOV 05), so make every effort to attend.

See you in Pensacola and keep them flying.





Force Medical Officer, Atlantic

**CAPT Lee Mandel, MC, USN
COMNAVAIRLANT**

As 2005 draws to a close, things remain busy at Force Medical with many ongoing projects that keep the entire office busy. Both East and West Coast branches of CNAF Force Medical are in the process of updating medical instructions and we are working to standardize our processes on both coasts. Via phone conferences, e-mail, and individual contacts, we are slowly but surely melding into a unified Type Commander Medical Department consistent with the intent of the AIRLANT/AIRPAC merger into the "super TYCOM"-CNAF.

Along these lines, we have completed the first revision of the Shipboard Medical Procedures Manual, the (now CNAF) 6000.1 which you all should have a copy of by the time this issue of BONES comes to press. It represents the combined efforts of the entire CNAF Force Medical staff and is the first revision since I was a SMO back in 2000-2002. It is our intent to revise the 6000 on an annual basis as updates in policies/procedures evolve so that it will remain a current document until the next major revision.

To further standardize processes as well as share the wealth of experiences of staff members on both coasts, Force Medical recently conducted the first joint Medical Readiness Inspection of an aircraft carrier. From 13-16 November, I joined the Force Medical Officer Pacific, CAPT Frank Chapman and his staff CDR Wise and HMCM Cherry aboard the USS ABRAHAM LINCOLN (CVN 72). It was a great experience that we will repeat with an east coast carrier in 2006. While the basic inspections are of course the same on both coasts, I learned some good processes and techniques that I will incorporate in our east coast inspections and as well as shared "east coast" input to the team. The bottom

line: we are one Force Medical team, serving both coasts.

Another joint project is the revision of the Medical Readiness Inspection procedures checklist. This has not been updated in years and was based off of a proposed CFFC inspection checklist that was intended for all classes of ships. For the past several months, in our regular bicoastal phone conferences, we have finished a new MRI checklist, applicable only to carriers, which is a much better gauge of carrier medical readiness. We're very pleased with the final product and will begin rolling out this new checklist in 2006. Lastly, we have revised our processes for Crew Certification in conjunction with the Afloat Training Group and we believe that this has clarified the inspection process and again

promotes consistency from ship to ship.

Our squadron medical assist visits are going well and we believe that they are helping our squadrons with their medical readiness. Our problem has been our rather small staff size, given the number of squadrons as well as our carrier

responsibilities. We've nearly completed our Norfolk squadrons and after the first of the year will begin first with Oceana and then Jacksonville, as well as a few other AIRLANT "orphan" squadrons in other locations.

Other items on the near horizon- The annual Combined Aeromedical Problems Course in Pensacola from 9-13 January is shaping up and should be another great experience. The Graduate Medical Education Selection Board is meeting from 28 November to 2 December. I am honored to be on the aerospace medicine residency selection committee along with CAPT Nils Erikson and CDR Jim Black.

The eligibility for the 2005 Blue M Award is coming to a close and the results should be out in early 2006. Lastly this is the time to start nominating the Flight Surgeon of the Year as well as AVT of the Year.

Keep up the good work and keep 'em flying!





**CAPT Frank Chapman, MC, USN
COMNAVAIRFOR**

Joyous Holiday Greetings to all of you on the CNAF Medical Team.

It has been an incredibly rewarding time here this fall. I have had the privilege of visiting four of our carriers while underway and in the yards for inspections and support visits. Each and every one of the departments has been truly inspiring. The dedication and service I found confirms my faith in our service.

Since our last issue we completed Medical Readiness Inspections on the USS RONALD REAGAN and the USS ABRAHAM LINCOLN. The Sailors in both departments clearly are dedicated to the task at hand and showed us that they are fully ready for deployment.

The demonstration system developed to help our medical departments process the Post Deployment Blood Draw/HIV samples was a big success. The system captured a member's identification from the CAC card, recorded the info in a database, printed the blood specimen barcode label and a label for the chart. The specimens were handled once. The blood draw was completed for 99% of the Airwing and 97% of the Ships Crew prior to pulling into port in Pearl Harbor. The specimens were FEDEXed to Viromed and the results returned to the Ship as they were leaving Pearl Harbor and the results were filed in the medical record prior to returning to home port in San Diego. This is a first on several fronts: the reduction in manhours processing the specimens, and the accuracy in handling and processing the specimens. In the end, there was one specimen of 4500 that we could not process



because of a social security number that did not match the name on a DEERS check for an error rate of about 0.004%. The system will be routed to the ships as they return from cruise for the PDHA evolution. We are exploring next the issue of allowing us to put the program on the LAN computers so that all HIV samples can be processed on the Ship this way. More to follow.

CVN AMMAL Realignment and Pharmaceutical update. As of 12 Nov the realigned CVN AMMALS hit the street. The CORE, Supplemental and Women At Sea AMMALS are now combined. The pharmaceuticals (drugs and IV supplies) are now in a separate CVN Pharmacy AMMAL. This will help us manage the CVN formulary much more efficiently. We have also submitted an AMMAL Change Request (ACR) that updates the Formulary. There were about 50 additions and 25 deletions. This ACR has been approved by CFFC and is at MEDLOGCOM to be implemented. We expect to see the changes reflected in the Dec AMMAL update from the MEDLOGCOM website. We also have an electronic version of the CVN AMMAL we will be distributing shortly.

The next task that we are beginning to address is the way that equipment is purchased, serviced, tracked and planned for replacement as it is retired. We are considering creating a single AMMAL for the durable medical equipment. Lots of thought going into this system that will help us procure and maintain the equipment we need to carry out our mission in the 21 Century.

Operational Aeromedical Problems Course

CDR Larned, CAPT William Ferrara at NOMI and I are coordinating the lectures for the combined conference this January: the RAM SMO Course, the Carrier Medical Leadership Conference and the Operational Aeromedical Problems Course. This issue of BONES will be coming out during the conference. Encourage all FS that can to plan to attend. Look forward to seeing as many of you there as are able to attend.

Keep 'em flying safely. Til' next issue.



Force Medical Admin Officer

**CDR John D. Larnerd, MSC, USN
COMNAVAIRLANT**

Merry Christmas and Happy New Year! Can you believe it, half of this decade is over!

And while it feels like it took half a decade, in reality it was only a little over a year to get the new CNAF 6000.1 signed and on the street!! We currently have the publication order at DAPS getting the new instruction printed and ready for distribution, but in the interim, you can download the new 6000 from the Naval Air Portal under the Force Medical sections of both AIRPAC and AIRLANT.



We will be distributing the instruction in a combination of both printed and CD formats. Each ship will get one copy of the printed instruction and three copies of the CD version. Most other recipients will only get the CD version. If you are on the distribution list and you feel you need a printed version, please contact me and I'll see what I can do.

This January we are combining our annual Carrier Medical Leadership Conference with the RAM SMO course and the Operational Aeromedical Problems Course all together in Pensacola, Florida. I am including a copy of the current schedule in the "Items of Interest" section of this publication to give you an idea of what you can expect at this year's conference. This schedule is still under

some construction and is subject to some variation, but should be pretty close to what we end up with.

We are in the process of updating the MRI checklist. The current list actually came from a draft Fleet Forces Command instruction that never made it all the way to being signed. CFFC had tried to create a single checklist to apply to all the various platforms and for a number of reasons, it never got signed. So we have taken that sheet and are developing what I think you will find to be a useful tool to provide you feedback on the status of all your various programs.



One of our biggest problems with the old list, was that there wasn't any real grading criteria involved, so after we would do an inspection, we would sit around and as a group subjectively determine what the grade would be. Secondly, there was no distinction between important program issues and more minor ones. Finally, there was no granularity to the assessment. Everything was either SAT or UNSAT. But if something is SAT, does that mean that it's really good, or just barely good? If something was UNSAT did that mean that it was really messed up, or only a little messed up?

So, one day, HMCS King and I sat down and brainstormed solutions to the issues above and we developed what will soon be implemented as our new MRI checklist. The new checklist contains all the same inspection items that were included on the old checklist. So, there isn't any major changes in what we will be looking at. The big change will be in how we assess and report our findings. The new checklist reports the findings for each item on a C-1 to C-4 scale:

- C-1: Fully Ready
- C-2: Substantially Ready
- C-3: Marginally Ready
- C-4: Not Ready, UNSAT



Additionally, those items that we consider to be critical to the effective operation of your medical departments are identified throughout the document.

The new checklist provides a more objective system of grading. Each item is given a score of C-1 to C-4. A C-1 earns five points, a C-2 earns four points, a C-3 earns three points, and a C-4 earns zero points. A percentage is calculated based on the score attained versus the score possible for each section. Finally, penalty points are awarded for any critical item that is rated as UNSAT. Any critical item that scores an UNSAT results in a reduction of the final section score by five percentage points.

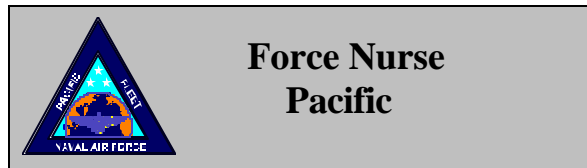


I am including a sample of section "A" of the new checklist in the Items of Interest section so that you can see what we are planning. We currently plan to start using this checklist beginning next year. As we implement this, it may be necessary to make some revisions, so we reserve that right.

Well, that's enough for this time. I look forward to seeing you all in Pensacola!

Trivia Question:

Who is the Pilot that is "Flipped Off" by Goose and Maverick in the 1986 Movie, "Top Gun?"



LCDR Jamie Wise, NC, USN COMNAVAIRPAC

I would like to begin by extending a warm welcome back to the USS NIMITZ (CVN 68). NIMITZ returned to homeport in November and I cannot even begin to express my gratitude for the Medical Department's support of a number of CNAF initiatives. Some of these initiative included: their participation in the Operational Manning Experiment (OME), their work with CAPT Chapman on facilitating the PDHA process, and their assistance with the implementation of a Customer Satisfaction Survey that was developed as part of a process improvement initiative.

It is this last initiative that I would like to focus on in this article, but before I continue, I would like to bring your attention to the NIMITZ Cruise Report. Delivered to the TYCOM upon pulling into port, this document is one of the most helpful Cruise Reports I've had the pleasure to read. Included in the report are several recommendations with respect to supplies, equipment, medications and training that we plan to review and potentially incorporate for the future. CDR Zacovic and the NIMITZ medical department, thank you for your hard work and consideration in putting this exceptional report together. By the time of this publication, all CV(N) medical departments should have a copy. If your department has not yet received one, please contact this office and we'll make sure one is sent.

Primary Care Optimization Study

In the months prior to the NIMITZ deployment, I contacted CDR Andrea Parodi, the Program Manager at the Naval Health Research Center, for assistance with a Primary Care Optimization Study on board the USS NIMITZ. CDR Parodi gathered a team of experts to assist with survey development, data analysis and the publication of a final report. In collaboration with NHRC, a satisfaction survey was developed and was provided to the NIMITZ medical department who



in turn distributed the surveys to sailors seeking medical care. Ms. Hillary Kleiner, an epidemiologist hired by NHRC, did a remarkable job of collating and analyzing over 500 surveys that NIMITZ collected and returned. Ms. Kleiner and CDR Parodi are the authors of the below report which provides a synopsis of the study and subsequent findings. Please note, as part of OME, a TAD FNP was assigned to the USS NIMITZ for the duration of deployment. The newly reporting PA joined the ship midway through cruise, thus the majority of surveys collected were from sailors seen by an IDC, HM, FNP or GMO.



***Nimitz Primary Care Optimization Study
Hillary Kleiner, MPH and CDR Andrea Parodi,
RN, MSN, DSN
Naval Health Research Center***

Background

Research in military medicine indicates that patient perceptions of shipboard care are not always optimal. In particular, patient perceptions of access, acceptability, quality, and continuity of care affect the likeliness of seeking care while deployed. Members may attempt self-care or may delay seeking medical help until they return to clinics ashore. Untended, minor medical complaints can become serious health issues that have an impact on force health protection and readiness. The Force Surgeon Commander, Naval Air Force–Pacific (COMNAVAIRPAC), in collaboration with the Naval Health Research Center (NHRC) Operational Nursing Research Program, seeks to demonstrate improvements in shipboard patient care services for acute care as well as in wellness-oriented health promotion care and follow-up.

A patient survey aboard the USS Nimitz (CVN-68) was conducted to assess the relative strengths and weaknesses of provider skills and medical care delivery. The primary focus was to assess differences in care among a variety of medical staff to include: Independent Duty Corpsmen (IDC), Hospital Corpsmen (HM), Family Nurse Practitioner (FNP), General Medical

Officer (GMO), Surgeon, Physician Assistant (PA), and Senior Medical Officer (SMO).

Objective

The objective of the assessment was to gather information in order to maximize the quality of health care on board ship, optimize patient satisfaction, and potentially expand services offered based on needs identified.

Methods and Measures

Individual patient perceptions regarding the level of care aboard ship were collected using anonymous surveys over a 7-month period from March to September 2005. Patients completed the surveys following their most recent medical appointment and dropped the surveys in concealed boxes. The surveys were then collected and hand-delivered to NHRC. Demographic and visit-related information collected included gender, age, rank, date of current medical visit, frequency of medical care visits in a month [never (less than once/year), rarely (once every 3–6 months), sometimes (1–2 times/month), or frequently (more than 2 times/month)], type of provider seen (PA, NP, IDC, HM, GMO, Surgeon, SMO), avoidance of medical care over the past 12 months (yes/no), and beliefs in privacy of medical information (yes/no) was collected.

Seventeen satisfaction items (time patient waited to get a medical appointment, the quality of medical services provided, amount of privacy, time patient waited to see a provider, amount of time provider spent with patient, comfort/cleanliness of area, availability of medications, explanation of problem, questions answered, provider courtesy, provider competency, provider sensitivity, assessment of pain, management of pain, explanation of medications, follow-up care instructions, and feeling of safety) were measured on a scale ranging from 1 (unsatisfactory), 2 (needs improvement), 3 (satisfactory), 4 (highly satisfactory) to 5 (excellent). An overall satisfaction rating was also calculated using the average mean of all satisfaction items. Data collected from the surveys was analyzed using SPSS for Windows, Release 12.0.





Analysis

In addition to descriptive analyses, cross-tab analysis (chi-square) was used to test differences between gender and (a) frequency of medical care visits (never, rarely, sometimes, or frequently) (b) avoidance of medical care visits, and (c) beliefs in privacy of medical information.

Averages (means) were used to describe overall results from the survey's satisfaction questions. Paired *t* tests were used to compare differences among individual satisfaction items. Mean satisfaction ratings were compared by gender and provider type using independent sample *t* test and analysis of variance. Some of the provider type categories were combined into an "other" provider category for some analysis for increased statistical power.



Results

Five-hundred and sixty-eight (568) individuals (approximately 20% of the total population aboard the USS Nimitz) completed the survey. Of those, 340 (60.9%) were male and 218 (39.1%) were female. Ages ranged from 18 to 49 years, with a mean age of 25 years. There were 542 (97%) enlisted, 0.5%–2.5% were Warrant Officers or Officers, respectively. Three hundred and eleven (56.8%) individuals reported that they rarely sought medical care (once every 3 to 6 months) and 127 individuals (23.2%) reported they sought medical care less than once per year. A smaller number of individuals (2.2%–17.9%) reported that they sometimes or frequently sought medical care. Thirty-six percent of individuals were seen by a GMO, 35.6% of individuals were seen by an FNP and a relatively small percentage of individuals were seen by an IDC, HM, PA, Surgeon, or SMO at their last medical care visit. The mean age of patients seen by provider type was marginally significant and ranged from 23 to 27 years. The mean age of patients was different for each provider type (IDC, mean = 23 years, HM, mean =

24 years; GMO, mean = 25 years, NP, mean = 26 years, and other, mean = 27 years).

The survey asked individuals for reasons why they sought medical care outside the ship's medical department. A small percentage of individuals (1.8%–4.9%) responded however, many left this question blank because the question may not have applied to them. Convenience and specialty care not available aboard ship were also reported as reasons for obtaining medical care elsewhere. The survey also asked whether individuals avoided medical care over the past 12 months and whether they believed their medical information was kept private. A large percentage (67.3% and 93%) of individuals reported they did not avoid medical care over the past 12 months and they do believe their medical information is kept private, respectively. However, 32.7% reported avoiding the medical department aboard ship in the past 12 months.

There was a significant ($p = .004$) difference between men and women's frequency of medical care visits such that women tended to visit more often. No significant difference was noted in gender and the avoidance of medical care. However, a marginally significant difference ($p = .06$) indicated that more women than men reported they did not believe their medical information was kept private.

Mean ratings on all satisfaction items were relatively high [all above 4 (highly satisfactory)]. Waiting time for provider had the lowest mean satisfaction score (4.2). The overall mean satisfaction score was 4.6, range = 4.2–4.7. In 136 paired *t* tests, 74% were significant ($p = 0.5$). Results indicated that individuals were least satisfied with length of time to get an appointment and the amount of time they waited to see a provider.

Independent sample *t* tests were conducted to determine significant differences in mean





satisfaction by (a) gender, and (b) provider type (NP vs. PA). In general, 4 items were significantly different for men and women. Men were more satisfied (means = 4.2–4.7) with the time required to get an appointment, quality of service, waiting time for a provider, and the comfort/cleanliness of the facility.

Analysis of variance was tested to compare 5 provider categories: IDC, HM, GMO, NP, and other (PA, Surgeon, SMO). Results indicated that 14 of the 17 mean satisfaction item ratings were significantly different for each provider type. Although there was some variation among provider types, which resulted in statistically significant differences, satisfaction ratings were generally high for most items for all provider types. However, a general pattern emerged in which NPs received the highest ratings.

Conclusions

The patient satisfaction assessment was a valuable tool in evaluating patients' perceptions of differences in provider care aboard the USS Nimitz. In general, ratings on all satisfaction items were relatively high, indicating individuals are generally satisfied with the level of care they received. Although a few significant differences in mean ratings for a number of the satisfaction items were noted between NPs and (HMs, IDCs, and GMOs, the mean ratings remained just under 4 (highly satisfactory) or above. However, a general pattern appeared in which NPs received the highest ratings compared with the others. The overall mean rating for each satisfaction item between provider types ranged from 4.4 to 4.7.

More men than women were satisfied with the time required to get an appointment, the quality of service, the time they waited to see a provider, and the comfort/cleanliness of the facility.

It appears that improvements in select areas of patient care (i.e., waiting time for a medical appointment and to see a provider) can increase the overall satisfaction of individuals receiving medical care aboard ship.

This survey has proven to be a valuable tool in gaining insight in medical care and patient satisfaction aboard ship. Future studies aboard different naval ships should involve an improved survey that examines some of the reasons individuals avoid medical care aboard ship, patient preferences for sick call over

appointment times, and other medical specialties individuals would like to see aboard ship. Such studies would promote greater insight into differences in care among providers and in patient perceptions of care aboard ship.

Future Directions

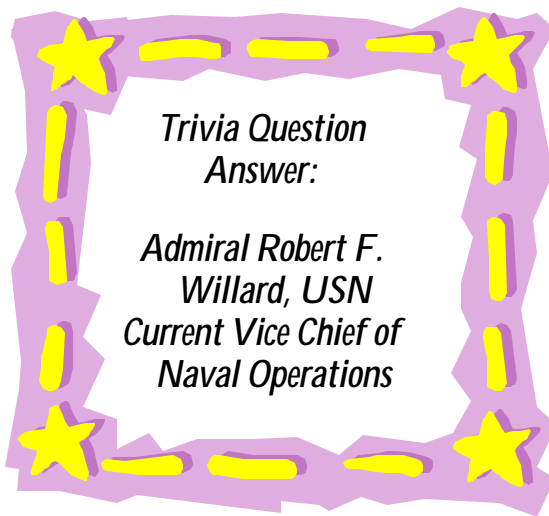
I would like to thank NHRC for their support with this study and once again extend a Bravo Zulu to the NIMITZ for their overall above average rating on all items of the satisfaction survey. Despite the high ratings, there is always room for improvement. Three areas identified for future focus include; (1) patient confidentiality, (2) patient

waiting times and (3) avoidance of care issues. Some additional research questions that were generated as a result of this study are as follows: 'Is there a difference in sick call waiting times with an "appointment system" versus a "walk-in" system?' 'How can we more effectively protect patient confidentiality?' and 'Why do sailors avoid seeking medical care on board ship?'

We hope to explore these questions with future surveys to further enable shipboard medical departments to deliver the highest quality medical care possible. Should we tap your department in the future, we ask that you please support us in this effort.

Until next issue, have a wonderful, safe Holiday Season.





**LCDR Bradley Killenbeck, MSC, USN
COMNAVAIRLANT**

Hello again, and as we roll into the holiday season there are many things to discuss and share, but I am going to focus exclusively on Influenza.



By the time this edition of BONES reaches you we will be dealing with the cold and flu season. I cannot stress how important it is to plan, implement, and execute your Influenza vaccination program, especially because our population is so mobile and transits across the globe at a moments notice. It is critical to be aware of supporting surveillance systems and tools that are at your

disposal through Department of Defense, such as, DOD GEIS that will provide you a snapshot of what is happening globally with Influenza (<http://www.geis.fhp.osd.mil/GEIS/SurveillanceActivities/Influenza/influenza.asp> for laboratory services <http://www.geis.fhp.osd.mil/GEIS/SurveillanceActivities/Laboratory/LaboratoryServicesMenu.asp>).

These tools will help and there are more places to gather information that will only enhance your ability to prevent, intervene and or mitigate a potential influx of Influenza cases. I would like to also reemphasize that many procedures are already employed and you must stay vigilant, for instance, good disease surveillance and reporting practices for medical event reporting (MERs) and disease non-battle injuries (DNBI). Be skeptical of unusual spike(s) of respiratory cases or a cluster of cases. This should prompt you to probe a little or investigation. Remember, it may not be easy to clinically determine these cases quickly, so stay focused and remember Force Medical is here to help.

Next, lets discuss briefly Pandemic Influenza planning. This has been and will continue to be a hot topic in the media and many people are already and will remain very curious, especially "Bird Flu". Please be well prepared and informed to discuss the differences between Influenza, Avian Influenza (H5N1), intranasal (FLUMIST^R) and injectable (FLUZONE^R) vaccines, and different interventions, such as TAMIFLU^R. The possibility of people looking to medical for answers will occur, so be ready to communicate good information and explain the associated health risks. There is and will always be a growing concern for potential pandemic "global outbreak". It could emerge, so appreciate and be aware of seasonal variations and outbreaks that are caused by subtypes of Influenza viruses that are already in existence among people, especially within your operating area. Note that pandemic Influenza outbreaks are caused by new subtypes or by subtypes that have never circulated among people or have not circulated among people for a long time. Past Influenza pandemics have led to high levels of illness, death, social disruption, and economic loss and an excellent reminder of this is posted on the Center for Disease Control & Prevention at the following link: <http://www.cdc.gov/flu/avian/gen-info/pandemics.htm>.



Additionally, I recently participated in a Pandemic Avian Influenza tabletop exercise sponsored by Pacific Command (PACOM). Right now all the Combatant Commanders (COCOM) (e.g. NORTHCOM, EUCOM, SOUTHCOM, CENTCOM, PACOM) are all preparing plans to deal with this potential threat. Each COCOM will have slight geographical, operational, and political differences but hopefully several key elements will be universal. I hope to obtain these plans once they are available and in turn make them widely available as long as they are not classified. Right now and if you haven't already please read or review the National Strategy for Pandemic Influenza at <http://www.whitehouse.gov/homeland/pandemic-influenza.html>. If you struggle accessing this document please let me know and I will forward you a copy. To gain or appreciate a more global perspective I encourage you to look at the World Health Organization (WHO). The WHO compiled an index of topics that cover how they are strategically establishing, partnering and improving capacities to counter this threat see the following link:

http://www.who.int/csr/disease/avian_influenza/pandemic/en/index.html.

Last, but not least for those of you currently operating or will be operating in the PACOM area of responsibility an excellent non-medical resource is the Asian Pacific Area Network (APAN) link: www.apan-info.net. APAN provides several information resources, such as, current military exercises, country information and contact numbers, headline news for the region, country coordination and or agreements, even fleet information and multi-national force instructions. I recently learned about this site, so still getting familiar with it's contents myself, but APAN will be a part of PACOM's Pandemic Influenza information sources and contributors.



In closing, in the last edition of BONES I mentioned Individual Medical Readiness (IMR) and Periodic Health Assessment (PHA). If you haven't already I highly encourage you all to start reporting IMR data through IMR lite. Request an account and gain access at the following link <https://navymedicine.med.navy.mil/imr/>. Also, if you have started to modify SAMS to record Periodic Health Assessment (PHA) great, if not please contact me and I will be glad to provide you information and or advise. Again, that's all, please take care during this holiday season, especially



those of you currently deployed in harms way.

Helpful information:

Finally, Defense Logistics Agency has lifted all restrictions on supply of injectable typhoid vaccine (Typhim Vi, Sanofi Pasteur). See the following message for details:

http://usamma.detrack.army.mil/ftp/mmqc_messages/Q051232.txt .

The FDA and CDC notified consumers and health care providers of five reports of Guillain Barre Syndrome following administration of Meningococcal Conjugate Vaccine A, C, Y, and W135 (trade name Menactra), manufactured by Sanofi Pasteur. It is not known yet whether these cases were caused by the vaccine or are coincidental. FDA and CDC are sharing this information with the public now and actively investigating the situation because of its potentially serious nature. Guillain Barre Syndrome (GBS) is a serious neurological disorder that can occur, often in healthy individuals, either spontaneously or after certain infections. GBS typically causes increasing weakness in the legs and arms that can be severe and require hospitalization. Because of the potentially serious nature of this matter, FDA and CDC are asking any persons with knowledge of any possible cases of GBS occurring after Menactra to



report them to the Vaccine Adverse Event Reporting System

<<https://secure.vaers.org/VaersDataEntryintro.htm>>
(VAERS) to help the agencies further evaluate the matter.

Upcoming Training:

The Navy Environmental Health Center FORTY-FIFTH NAVY OCCUPATIONAL HEALTH AND PREVENTIVE MEDICINE CONFERENCE HELD AT THE [HAMPTON ROADS CONVENTION CENTER](#), HAMPTON, VA 18 - 23 MARCH 2006.

Recent Q&A:

NAVSUP P-486 Vol. I, Art. 5800-5804:
"Handling of Fruits, Vegetables, Meats, Animal Products and Garbage aboard Navy Ships and Aircraft Returning from Foreign or Offshore United States Ports."

The form that the Supply Dept must have been asking about is the "PPQ 288", which the Custom's Plant Protection and Quarantine (PPQ) Inspector brings onboard for the meat products and FFVs not of U.S. origin that must be either transferred to another outbound Naval ship or destroyed.

Has Department of Defense planned for Pandemic Influenza? Yes, please take a look at the MILVAX link:

<http://www.vaccines.mil/default.aspx?cnt=disease/minidv&dID=57> . There are several key pieces of information that are very helpful and will help guide you. Also, visit <http://www.pandemicflu.gov/>, which has several key resources from various government agencies.

Where can I find Foreign Country Clearance Guidance? Easy there are two significant broad based documents that are extremely helpful. The Foreign Clearance Guidelines at <https://www.fcg.pentagon.mil/> provide you a line listings of requirements for entry, including health requirements and then another good source of information is to visit the U.S. State Department website at: <http://www.state.gov/countries/>. This site has the last points of contacts and status of forces agreements that will also help guide you.

Helpful websites:

ESSENCE:

<http://www.geis.fhp.osd.mil/GEIS/SurveillanceActivities/ESSENCE/ESSENCE.asp>

Pandemic FLU: <http://www.pandemicflu.gov/>

AVIP EUA:

www.vaccines.army.mil/default.aspx?cnt=toolkit/olkitAll#Anthrax

SVP Resources:

www.vaccines.army.mil/default.aspx?cnt=toolkit/olkitAll#Smallpox

NEHC's electronic pre and post PDHA:

<http://www.nehc.med.navy.mil/postdep/tools.htm>

Weekly Health Information Operations Update:

<http://chppm-www.apgea.army.mil/Hiouupdate/>

FDA HACCP Guides:

<http://www.cfsan.fda.gov/~dms/hret2toc.html>

CDC Extreme Heat Information and Guidelines:

<http://www.bt.cdc.gov/disasters/extremeheat/>

MILVAX: <http://www.vaccines.mil/>

AVIP: <http://www.anthrax.mil/>

USAMMA AVIP:

<http://www.usamma.army.mil/anthrax/antxhome.htm>

Vaccine Centers Healthcare Network

<http://www.vhcinfo.org/index.htm>

DOD Approved Listings for Supplies:

<http://vets.amedd.army.mil/vetcom/directory.htm>

Navy Environmental Health Center: <http://www-nehc.med.navy.mil/>

U.S. Army Entomology:

<http://chppm-www.apgea.army.mil/ae/>

U.S. Army Center for Health Promotion and Preventive Medicine:

<http://usachppm.apgea.army.mil/>

Force Health Protection Portal: <https://fhp.osd.mil/>

Naval Operational Medicine Institute:

<http://www.nomi.med.navy.mil/>

Armed Forces Medical Intelligence Center:

<http://mic.afmic.detrack.army.mil/>

Post Deployment Health: <http://www.pdhealth.mil/>

Deployment Globe:

<http://www.hooah4health.com/deployment/Globe.htm>

The Board of Inspection and Survey:

<http://www.spawar.navy.mil/fleet/insurv/htmlinstr/instructions.htm>





**LCDR Gregory Kahles, MSC, USN
COMNAVAIRLANT**

Greetings shipmates! Before I get too far ahead of myself, I'd like to take a moment to recognize our colleagues who have recently reported and those who will be leaving this quarter.



Hails & Farewells

Hail to LTJG Beata Gonzales. LTJG Gonzales has reported as RHO aboard USS THEODORE ROOSEVELT (CVN 71). Her last duty assignment was at the National Naval Medical Center in Bethesda, MD. I'm looking forward to working with her and hope that she finds this tour to be rewarding professionally and personally. Please join me in extending a warm welcome to LTJG Gonzales!

LTJG Wade Schrecengost, aka "Shrek", has departed USS THEODORE ROOSEVELT to become the RHO at Navy Regional Maintenance Department Norfolk. Shrek will undoubtedly excel in his new position. **Farewell and following seas, shipmate!**

I'd also like to recognize LT Wanda Dawson, RHO onboard USS HARRY S. TRUMAN. LT Dawson will be leaving the Navy in December. Her relief will be LCDR Steve Miner, who is slated to report

aboard in February. **Fair Winds and Following Seas!**

Patient Decon

BUMEDINST 6470.10B, *Initial Management of Irradiated or Radioactively Contamination Personnel*, contains guidance to be followed for caring for patients who are injured and/or contaminated during radiological emergencies. Potentially-contaminated patients should be both medically and radiologically assessed upon arrival in medical. Remember, life and limb saving medical action always takes precedence over radiological concerns. When the medical condition of the patient warrants, a rapid radiological assessment of the wound is prudent. The initial radiological assessment of the body can be quickly performed by following the acronym FACT-B:

- F – Face (particularly the nose and mouth)
- A – Abdomen
- C – Chest
- T – Throat/Thyroid
- B – Back

Remember, 90-95% of contamination can be eliminated by simply removing the patient's clothing and washing the affected areas with soap and water.

Dose Estimates

We must strive to continue to lower the number of required dose estimates. Invariably, some dose estimates will be required for reasons beyond our control – e.g. abnormal glow curves; however, the two leading causes for dose estimates are very much influenced by our training and personal accountability programs – lost TLDs and personnel entering a posted space without a TLD.





At the end of September, I solicited all CVNs for data on dose estimates completed during the 3rd quarter CY 2005. This information was compiled together with data from 2002 through 2004, and the 1st & 2nd quarters of 2005. The data shows that the cumulative number of dose estimates required onboard CVNs has declined each year since 2003, and is expected to decline again by the end of 2005 (it is only October as I'm writing this). **This is an excellent trend;** however, there are still areas where we can trim back to get that number even lower.



A number of carriers have managed to keep the number of required dose estimates well below 10 for the entire year! That should be everyone's short-term goal!! Let's work together to ensure the total number of CVN dose estimates required in CY 2006 is even lower!

Radiation Health Guidance

Well, it's been a year since the release of CNAF Instruction 6470.4, Radiation Health Manual. Thank you to all who have so graciously pointed out all the typographical errors and misquoted references. I have diligently kept track of all the comments and will ensure they are incorporated into the next major revision to this TYCOM guidance.

Rumors have it that the new P-5055 will be released in the near future; however, until it appears in printed or electronic form, we shall continue to follow guidance contained in the August 2001 revision. For a glimpse at what's expected in the new P-5055, please see NAVMED P-117, *Manual of the Medical Department*, Section 15-104. HOWEVER, please note that as specified in the first paragraph of that section, the P-5055 is the ruling document on Navy Radiation Health Program requirements.

Speaking of NAVMED P-117, Change 126 has created quite a stir in regards to the standards for Nuclear Field Duty. Specifically, the inclusion of "alcohol abuse" as being disqualifying. For clarification, alcohol abuse is NOT disqualifying from nuclear field duty. This faux pas has been identified by BUMED and they are working on a solution. In the meantime, we'll continue to follow the previous guidance on this topic. If you have any questions on this issue, please contact myself or LCDR Kennemur.

External Radiation Health Audits

I have been busy completing external rad health audits these last few weeks. Based upon what I've seen during those audits, I can honestly say that the CVN RHOs are doing great jobs! For those whom I haven't had the pleasure to audit yet, please know that I am looking forward to visiting you. To that end, I'd like to remind you all that it is your responsibility to ensure that you schedule the external rad health audit of your program with the TYCOM. We have a tight schedule at times, so please plan ahead and begin the scheduling process early! Do not wait until the second week of the 7th month after your internal audit.

Happy Holidays!

I would like to wish each of you a very safe and joyful Holiday Season and Prosperous New Year! I have learned a lot working with you all as part of the CNAF team since reporting aboard in June. I look forward to working with you in 2006 and beyond!





LCDR Lisa Kennemur, MSC, USN COMNAVAIRPAC

Greetings!

This is my first BONES article so I'll take a brief moment to introduce myself. I officially reported for duty as the Pacific Fleet Force RHO on August 5, 2005. My previous assignments include: Naval Medical Center, San Diego; Duty Under Instruction at the University of Minnesota; Naval Dosimetry Center; National Naval Medical Center, Bethesda; and the USS L.Y. SPEAR (AS 36). As you can see, it has been a while since I've worked in the NAVSEA 08 program, but it is good to be back working directly with the operational forces.



Since reporting aboard, Lcdr Kahles and I have had many discussions about standardization. The ultimate goal is to standardize radiation health standard operating procedures to include best practices across the fleet. We will be asking many of you to provide us with electronic copies of your SOPs to begin this task. In the spirit of standardization you will see that our BONES articles will follow similar formats. Please read both articles in order to achieve maximum benefit. We discuss the articles with each other to ensure we agree on the content and in an effort not to duplicate or distribute contradictory information. I would like to thank Lcdr Kahles for taking the lead on designing this format.

Hails & Farewells

Hail to LTjg Michael Rea. LTjg Rea has reported aboard the USS JOHN C. STENNIS (CVN 74). His last duty assignment was the National Naval Medical Center in Bethesda, MD. LTjg Rea is a graduate of the Naval Academy. Welcome aboard LTjg Rea!



Fairwell to Lcdr Rebecca Sine. Lcdr Sine was relieved by LTjg Rea on board USS JOHN C. STENNIS (CVN 74) in November. She was selected to stand up a new Radiation Health Officer billet at NRMD, Point Loma. Best wishes to Lcdr Sine in her new assignment!

Corrective Action Reports

Lcdr Kahles and I have discussed some of the common problems we see during our Mobile Training Team (MTT) visits and the one I plan on tackling in this article is one of our weakest areas: corrective action reports to external/internal audits and deficiency tracking. The COMNAVAIRFORINST 6470.4, paragraph 2.5.b. outlines the requirements. Here's a quick review:

Corrective actions reports should include root cause analysis, corrective actions, and measures of effectiveness. The root cause analysis should answer the questions of "how" and "why" the deficiency occurred. Broad categories would



include but not be limited to personnel, equipment and process/procedural areas. Sub-categories would include but not be limited to level of knowledge, training, experience, quality control or oversight. Here's an example: Deficiency: multiple transcription errors from the exposure record card (ERC) to the 6470/10 in 2005. Root Cause: Poor data entry process and quality control. Only one technician entered the ERC data and there was not a second person performing a 100% review of the entries.

Next step is to write the corrective action that is specific to the deficiency and evaluate if it is a single point failure or if it is a systemic problem. In some cases there will need to be both a long and short-term corrective action. Let's continue with the example above. Short-term corrective action: all specific transcription errors identified during the audit have been corrected. Long-term corrective action: There was a high percentage of transcription errors identified in 2005; therefore, this appears to be a systemic problem and a 100% comparison of 2005 ERCs to 6470/10s will be conducted. Estimated date of completion is 15 January 2006. Additionally, the process for entering ERC data into SAMS has been modified. One technician enters the data from the ERC and then a second technician performs a 100% review of the entries. The Radiation Health Standard Operating Procedure has been updated to reflect this change in procedure.

Finally, identify the measure of effectiveness and ensure it evaluates both the root cause and the corrective action for each deficiency. Continuing with the above example: measure of effectiveness: the RHO will perform monthly spot checks of ERC and 6470/10 data entries. Additionally, the 1% semi-annual cross check exposure verification, and future internal and external audits will also measure the effectiveness of the corrective actions. Be sure to follow up on the measure of effectiveness! Sometimes it will be necessary to change a corrective action because it did not work effectively. Keeping track of statistics and the reduction in errors since the corrective action was implemented can also help demonstrate the effectiveness of the corrective action. These stats could be reported via the deficiency tracking report, which is routed through the chain of command to the Commanding Officer at a minimum quarterly. The point of tracking the deficiencies is not only to ensure that it was corrected but also to make sure it

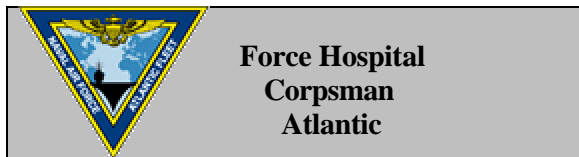
does not repeat. Repeats suggest a process problem and that the corrective action was not effective.

BUMED Annual Report

The annual report season is rapidly approaching. I would like to offer some advice in verifying the annual report to BUMED. There are two electronic sources of individual exposure data on the CVNs I have visited: one in the Dosimetry office used primarily for MAN-REM tracking and the other is the SAMS database in Radiation Health. As an additional verification to the annual report, I would suggest doing a line-by-line comparison with the Dosimetry office's database. Some discrepancies will be expected. For example, the Dosimetry database may include exposure information for the current year from a previous command, but these should be fairly easy to identify because of the receipt audit date in SAMS. Remember this is only another tool in your tool belt. It is not the only solution! Good luck with your report preparations!

I hope this information is helpful and if you have any questions please contact your respective Force RHO. We are here to train, mentor and support you. Have a safe and wonderful holiday season. My contact information is via commercial phone: (619)545-3687, DSN prefix is: 735, email: lisa.kennemur@navy.mil.





HMCS(SW/AW) Paul King, USN COMNAVAIRLANT

I would like to welcome the USS CARL VINSON (CVN 70) to its new east coast home for the next three years. Following a successful deployment, CARL VINSON will be going through its scheduled overhaul in Newport News, Virginia.

Congratulations to our Sailors that were selected for advancement this last cycle. All junior enlisted personnel are encouraged to team up and help each other study for upcoming advancement examinations. If you were one of the fortunate to be advanced recently, now is a great time to help your fellow Sailors prepare for the upcoming rating exams in March.



Hospital Corp and Dental Technician Rating Merger

On 30 September, 2005, I had the pleasure of visiting the USS CARL VINSON (CVN 70). Due to the ship's work schedule, the Medical and Dental departments combined to celebrate the Hospital Corpsman and Dental Technician rating merger on this date. Attended by CARL VINSON's Command Master Chief Evans, HMCS(SW/AW/FMF) Montenegro (Medical Leading Chief Petty Officer) coordinated the ceremony, discussing the outstanding accomplishments of the Dental Technician rating over its 57 years and the increased career and

advancement opportunities now opening up for all enlisted medical Sailors. The entire Medical/Dental team collectively recited the Hospital Corps pledge and then the oldest and youngest corpsmen cut a celebration cake for all to enjoy. I received a copy of the Rough Rider newsletter from USS THEODORE ROOSEVELT, which included an excellent article of the rating merger ceremony held on board during its deployment. The ships commanding officer, CAPT J. R. Haley, recounted the great history of the Hospital Corps and dental technician ratings through out our Naval history prior to a cake cutting ceremony held on the aft mess decks.

Distinguished Visitors on THEODORE ROOSEVELT.

On the 14th of October, the Medical Department on board USS THEODORE ROOSEVELT (CVN 71) had a couple of distinguished visitors. The Master Chief Petty Officer of the Navy and the Sergeant Major of the Marine Corps, as part of their visit to TR on the Navy Birthday, took a special trip to the Medical Department. After a tour of the Medical Department spaces, SGT MAJ John Estrada made a



special point to pass on to the Corpsman how much he personally, and the Marine Corps as a whole, appreciated the work our brothers and sisters are doing on the ground in Afghanistan and Iraq. He went on to describe a few instances of courage under fire that he knew of. He spoke of the glowing praise that every wounded Marine had told him of their "Doc". The MCPON, Terry Scott, arrived and spoke of the awesome mission TR was performing putting, in the CO's words, "Warheads on Foreheads". Estrada made mention that the ground troops were always heartened to hear that Naval Air was going to provide ground support rather than some other service. MCPON and SGT MAJ then signed a copy of the Hospital Corps



Pledge. Only two weeks earlier the Medical and Dental Departments had a cake cutting celebrating the merger of the HM and DT ratings. At this ceremony each HM and former DT reaffirmed their dedication to our patients and our Hospital Corps by taking this pledge.

DNA Repository Queries

DNA samples are required to be stored at the Armed Forces Institute of Pathology (AFIP) repository. If you do not have positive verification that a DNA sample is on file for your unit personnel, you can query the repository quickly to receive validation of samples on file. A roster may be sent as an email attachment to AFRSSIR@afip.osd.mil, or through the mail on a 3 1/2" floppy disk mail to the Armed Forces Repository of Specimen Samples for the Identification of Remains, 16050 Industrial Dr, Suite 100 Gaithersburg, MD 20877. The roster can contain any information, but at a minimum must contain the SSN and names of the personnel. It can be submitted in any one of the following computer file formats: Microsoft Excel (all versions through Excel 97); Microsoft Access (all versions through Access 97); Delimited text or Fixed-width text. POC for this action is the Repository Administration Assistant or Systems Administrator at (301) 319-0366, DSN 285-0366.

DoD Shelf Life Extension Program (SLEP)

All commands that maintain Force Health Protection AMAL materials are reminded that each Point of Contact needs to log into the SLEP website (<http://iasmib.dmsb.army.mil>) program quarterly to update and validate registered materials. This will help ensure that the most accurate information is utilized to conduct extension tested by the FDA.



HMCM William Cherry, USN COMNAVAIRPAC

2005 has been a very busy year for aviation medicine and we've made numerous changes that I feel will improve our ability to maintain the health of our Sailors. I'll touch on a few of these changes here and how they affect your daily routine with your squadron or ship.

Most notable for us is the consolidation of the two force medical departments into one CNAF Medical Department last December. This unification has strengthened remarkably throughout the year. Restructuring the staff has improved our ability to make ship and squadron site visits. I think you'll notice an increase in the level of visibility we have and support we're able to provide to you. The future looks bright.

With the consolidation came the complete rewrite of the COMNAVAIRFORINST 6000.1 Shipboard Medical Procedures Manual. This is a major update of information and covers each chapter with more detail. I recommend you read it thoroughly to update yourself with the new changes and as an extra set of eyes to give us feedback recommendations.

We're seeing the execution of the Fleet Response Training Plan (FRTP). This shifts away from the old inter-deployment training cycle with major peaks and valleys in readiness levels. FRTP will create a more employment-capable and responsive force that is more readily available to surge, more efficient to sustain and able to reconstitute rapidly.

New Mission requirements and the activation of our Air Ambulance Squadrons added 8401 SAR Medical Technicians to our inventory. Careful community management will be required to ensure we train and maintain the highest quality people to meet the mission.

New levels of medical readiness reporting are being required with the use of SAMS. Individual Medical



Readiness (IMR) LITE accessed through the Navy Medicine Online website permits instant review of individual and command medical readiness. With a central databank of information and two way communication I anticipate the ability to download files of your new check-ins and eliminate hand entries. Minimizing the manipulation of the data will greatly reduce errors.

Considerable AMAL changes were made to improve supply and equipment management. The addition of the Expeditionary Squadron Medical AMAL will assist remotely deploying squadrons to provide routine health care. The new crash cart AMAL and formulary will standardize our practices and the Fleet Prime Vendor and Pharmaceutical Guaranteed Returns Program will improve availability and reduce waste.

These are just some of the things that were accomplished over the past twelve months and there are many more still in the works. I must say however, the most notable change I've seen over the past year is a renewed commitment to excellence in all levels of aviation medicine. We're the best we've ever been. Will we change this over the next year? You can bet on it. We'll be even better.



Take care of yourself and your shipmates. Be safe and I'll see you in the fleet.



HMC (FMF) Cynthia L. Freeman COMNAVAIRPAC

RICHARD E. LUEHRS AWARD/ SONNY CARTER MEMORIAL AWARD

The Naval Aerospace Medical Institute (NAMI) will be soliciting nominees for the Richard E. Luehrs Award and the Sonny Carter Memorial Award in January. It's time to think about your contributions and accomplishments for the year (Apr 2005- Apr 2006) and submit your packages. Remember, your squadron can nominate you for both awards.

RICHARD E. LUEHRS AWARD

This award is given annually to recognize outstanding performance in Operational Aviation Practice by a first or second tour Naval Flight Surgeon of the rank of Lieutenant or Lieutenant Commander. Nominations should be based on outstanding performance during the April 2005 to April 2006 time period. Professional qualities such as Initiative, Resourcefulness, Leadership, Dedication, Industry and Military Bearing should be Evident. Contribution to the Overall Mission of Naval Aviation and other professional accomplishments should be elaborated upon. The nominee should STAND OUT as a ROLE MODEL for the NAVAL OFFICER and NAVAL FLIGHT SURGEON.

The Luehrs Award is the longest running award sponsored by the Society of U.S. Naval Flight Surgeons (SUSNFS). It was initiated in 1975 in honor of Captain Richard E. Luehrs, MC, USN. Dr. Luehrs is somewhat of a legend in the naval aeromedical community. His career spanned 32 years of exemplary service ending in his





untimely death in 1974. Some highlights of his career include:

Service on 10 separate aircraft carriers.

First Senior Medical Officer on the first nuclear powered carrier - USS Enterprise.

Service on the Bon Homme Richard where he was wounded by an exploding 20mm cannon shell.

Service as Flight Surgeon for the Blue Angels Demonstration Team.

Service with the astronaut recovery team for the Mercury Project.

Service with the First Marine Aircraft Wing in Vietnam.

A tour as Fleet Marine Force Pacific Surgeon.

As a Fellow of the Aerospace Medical Association, he was awarded the Harry G. Mosley Award in 1965 for his contributions to flight safety.

He was serving as Senior Medical Officer at Andrews AFB when he died at Portsmouth Naval Hospital in May 1974.

SONNY CARTER MEMORIAL AWARD

This award is given annually to the Naval Aerospace Physiologist, Aerospace Experimental Psychologist, or Flight Surgeon who has done most towards Promoting Teamwork, Cohesiveness and a sense of common purpose in Advancing The Frontiers of Aeromedical Science. Nominations should be based on outstanding performance over time, with the emphasis on the April 2005 to April 2006 time period. In addition to PROFESSIONAL CONTRIBUTIONS, the nominee should be a ROLE MODEL for AEROMEDICAL PROFESSIONALS by EXHIBITING INITIATIVE, RESOURCEFULNESS,



LEADERSHIP, DEDICATION, INDUSTRY and MILITARY BEARING.

The Sonny Carter Memorial Award is given in honor of CAPT Sonny Carter:

SPECIAL HONORS: Recipient of the Air Medal, Meritorious Service Medal, Navy Achievement Medal, Meritorious Unit Citation, Marine Corps Aviation Association Special Category Award 1982, NASA Meritorious Service Medal 1988, and NASA Space Flight Medal 1989. Carter was the Guest of Honor at the 215th Marine Corps Birthday Ball.

EXPERIENCE: Carter graduated from medical school in June 1973 and completed a straight internal medicine internship at Grady Memorial Hospital in Atlanta, Georgia. In July 1974 he entered the U.S. Navy and completed flight surgeon school in Pensacola, Florida. After serving tours as a flight surgeon with the 1st and 3rd Marine Air Wings he returned to flight training in Beeville, Texas, and was designated a Naval Aviator in April 1978. He was assigned as the senior medical officer of USS Forrestal, and in March 1979 completed F-4 training at VMFAT-101 Marine Corps Air Station, Yuma, Arizona. He was subsequently reassigned as a fighter pilot to duty flying F4 phantoms with Marine Fighter Attack Squadron 333 at MCAS Beaufort, South Carolina. In 1981 he completed a 9-month Mediterranean cruise aboard USS Forrestal with VMFA-115. In September 1982 he attended U.S. Navy Fighter Weapons School (TOPGUN) and then served as 2nd Marine Air Wing standardization officer and F-4 combat readiness evaluator at MCAS Cherry Point, North Carolina. He then attended the U.S. Naval Test Pilot School, graduating in June 1984. He logged 3,000 flying hours and 160 carrier landings.

NASA EXPERIENCE: Selected by NASA in May 1984, Carter became an astronaut in June 1985, qualified for assignment as a mission specialist on future Space Shuttle flight crews. Carter was assigned as Extravehicular Activity (EVA) Representative for the Mission Development Branch of the Astronaut Office when selected to the crew of STS-33. The STS-33 crew launched, at night, from Kennedy Space Center, Florida, on November 22, 1989, aboard the Space Shuttle *Discovery*. The mission carried Department of Defense payloads and other secondary payloads. After 79 orbits of the earth, this five-day mission



concluded on November 27, 1989 with a hard surface landing on Runway 04 at Edwards Air Force Base, California. With the completion of his first mission, Carter logged 120 hours in space.

At the time of his death, Captain Carter was assigned as a mission specialist on the crew of STS-42, the first International Microgravity Laboratory (IML-1). He died April 5, 1991, near New Brunswick, Georgia, in the crash of a commercial airplane while on NASA business travel.

For more information on "SUSNFS" and the variety of awards presented, please log on to the following site:

<http://www.aerospacemed.org/Contents.htm>

Selection process:

Nominations are submitted from COMNAVAIRFOR/COMNAVAIRLANT squadrons, based on outstanding performance.

Nomination/Submission Format:

- A. Name, Rank Social Security Number
- B. Command to which assigned (Including ADDU Assignments)
- C. Date Reported
- D. Projected rotation date
- E. Next anticipated assignment
- F. A Narrative in support of outstanding operational activity as a Flight Surgeon.
- G. Official Photograph, 5X7 (Color), Head and Shoulders, ¾ view. This Item is critical and lead-time should be anticipated.

RICHARD E. LUEHRS AWARD

The Squadron level nominations are routed through the TYCOMS. COMNAVAIRFOR selects a nominee from the West Coast, as COMNAVAIRFOR Flight Surgeon of the Year, and COMNAVAIRLANT selects a nominee from the East Coast, as COMNAVAIRLANT Flight Surgeon of the Year. The outstanding packages are then submitted to the Naval Aerospace Medical Institute (NAMI), which makes the final selection. The selected "OPERATIONAL FLIGHT SURGEON OF THE YEAR" as well as each TYCOM nominee will be recognized at the Navy Luncheon held in conjunction with the Aerospace Medical Association Annual Meeting and presented with an award.

SONNY CARTER MEMORIAL AWARD

The Squadron level nominations are routed through the TYCOMS. COMNAVAIRFOR selects a nominee from the West Coast, and COMNAVAIRLANT selects a nominee from the East Coast. The outstanding packages are then submitted to the Naval Aerospace Medical Institute (NAMI), which makes the final selection. The selected "SONNY CARTER MEMORIAL AWARD" recipient, as well as each TYCOM nominee, will be recognized at the Navy Luncheon held in conjunction with the Aerospace Medical Association Annual Meeting and presented with an award.

For more information about the submission process please contact COMNAVAIRFOR/COMNAVAIRLANT Force Medical. NAMI contact for these awards is CAPT Nills Erikson, MC, USN. NAMI TEL: DSN 922-8125.





Bragging Corner:

Due to a computer crash, much of the Bragging Corner input for this quarter was lost. If your input was not included in this issue, please resubmit and we will publish it in our March 2006 issue.

Sailor of the Quarter

HM2(SW/AW)	KNIGHT, INGRID	USS THEODORE ROOSEVELT (CVN 71)
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Medical Department SOQ

HM1(FMF)	GORNITZKA, MARK	USS THEODORE ROOSEVELT (CVN 71)
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Medical Department Junior SOQ

HM3(SW)	FLAGLE, PETER	USS THEODORE ROOSEVELT (CVN 71)
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Sailor of the Day

HN	TUCKER, DISHERN	USS KITTY HAWK (CV 63)
HN	GLAZE	USS THEODORE ROOSEVELT (CVN 71)

Advancements

HM1(AW/SW)	HOUTZ, ANGELA	USS RONALD REAGAN (CVN 76)
HM1	LEWIS, STEPHEN	USS RONALD REAGAN (CVN 76)
HM3	BROCK, JUSTIN	USS RONALD REAGAN (CVN 76)

Enlisted Surface Warfare Specialist

HM1	WRIGHT, QUANTEZ	USS KITTY HAWK (CV 63)
HM2	PULLINS, LEROY	USS KITTY HAWK (CV 63)
HM1(SW/FMF)	BOWMAN, BOBBI	USS THEODORE ROOSEVELT (CVN 71)
HM1(SW)	RAYMOND, SHARON	USS THEODORE ROOSEVELT (CVN 71)
HM2(SW)	ANANTI, EZINDU	USS THEODORE ROOSEVELT (CVN 71)
HM3(SW)	TILLMAN, JAPHEUS	USS RONALD REAGAN (CVN 76)
SN(SW)	GREG, WILLIAM	USS RONALD REAGAN (CVN 76)

Enlisted Aviation Warfare Specialist

HM1	EVANS, EARL	USS THEODORE ROOSEVELT (CVN 71)
HM1	RODRIGUEZ, GABRIEL	USS THEODORE ROOSEVELT (CVN 71)
HM2	KNIGHT, INGRID	USS THEODORE ROOSEVELT (CVN 71)
HM2	FLAGLE, PETER	USS THEODORE ROOSEVELT (CVN 71)
HM3	BOYD, ANDREW	USS THEODORE ROOSEVELT (CVN 71)
HM3	MONTEZ, NICHOLAS	USS THEODORE ROOSEVELT (CVN 71)
HMC(AW/SW)	CARLSON, TONYA	USS RONALD REAGAN (CVN 76)
HM3(AW/SW)	STRONG, ANDREW	USS RONALD REAGAN (CVN 76)
HM3(AW/SW)	MANANSALA, PAUL	USS RONALD REAGAN (CVN 76)
AN(AW)	SALAS, JENNIFER	USS RONALD REAGAN (CVN 76)

**Navy Commendation Medal**

HMC	MARSH, THEOPHILUS	USS KITTY HAWK (CV 63)
HMC	LAWRENCE, CHARLES	USS THEODORE ROOSEVELT (CVN 71)

Navy Achievement Medal

LT	CHAVEZ, TEMUJIN	USS KITTY HAWK (CV 63)
HMC(AW/SW)	CARLSON, TONYA	USS RONALD REAGAN (CVN 76)
HM1(AW/SW)	LEE, KIMO	USS RONALD REAGAN (CVN 76)
HM1(AW/SW)	DEGUZMAN, OLIVER	USS RONALD REAGAN (CVN 76)
HM1(AW/SW)	HOUTZ, ANGELA	USS RONALD REAGAN (CVN 76)
HM1(SW)	KORENAK, CHRISTOPH	USS RONALD REAGAN (CVN 76)
HM2	COLE, BRUCE	USS RONALD REAGAN (CVN 76)

Good Conduct Medal

HT1	DIXON, CHRISTOPHER	USS KITTY HAWK (CV 63)
HM3	WALKER, JAMIE	USS KITTY HAWK (CV 63)
HN	OUSLEY	USS THEODORE ROOSEVELT (CVN 71)
HN	DAMICO	USS THEODORE ROOSEVELT (CVN 71)

Flag Letter of Commendation

HM2	HANNON, PATRICK	USS RONALD REAGAN (CVN 76)
HM3(SW)	BEACH, JASON	USS RONALD REAGAN (CVN 76)
HM3(SW)	TILLMAN, JAPHEUS	USS RONALD REAGAN (CVN 76)
HM3(AW/SW)	GOMEZ, SANDY	USS RONALD REAGAN (CVN 76)
EN3(SW)	SALMONS, BRIAN	USS RONALD REAGAN (CVN 76)
AN(AW)	SALAS, JENNIFER	USS RONALD REAGAN (CVN 76)

HAILS

LT	PICERNO, MATTHEW
LT	STEVENS, KRISTIN
HT1	DIXON, CHRISTOPHER
HM1	CABRERA, MARIA
HM2	CROUCH, ROBERT
HM2	AGUILAR, MICHAEL PAUL
HM1	WALLACE, HEATH
HM2	EBRON, JESSICA
CDR(Sel)	LINVILLE, GEORGE
LCDR	CROSBY, DAN
PSC	BIGARD, STEPHEN
HM1	MACIAS, JASON
HN	RUSSELL, NYESHA

COMING FROM

STU MED DEPT OST BOSTON	
MASS	USS KITTY HAWK (CV 63)
NMC SAN DIEGO	USS KITTY HAWK (CV 63)
SARP "C" SCHOOL, SAN DIEGO	USS KITTY HAWK (CV 63)
HM IDC "C" SCHOOL, SAN DIEGO	USS KITTY HAWK (CV 63)
NH GREAT LAKES	USS KITTY HAWK (CV 63)
PMT "C" SCHOOL, SAN DIEGO	USS KITTY HAWK (CV 63)
SFIDC, NSHS SAN DIEGO	USS THEODORE ROOSEVELT (CVN 71)
NSHS PORTSMOUTH VA	USS THEODORE ROOSEVELT (CVN 71)
FLT SURG TEAM	USS RONALD REAGAN (CVN 76)
NMC SAN DIEGO	USS RONALD REAGAN (CVN 76)
PSD 32ND STREET	USS RONALD REAGAN (CVN 76)
NHSH SAN DIEGO	USS RONALD REAGAN (CVN 76)
3RD FSSG	USS RONALD REAGAN (CVN 76)

FAREWELLS

LT	SMITH, TARA
LT	CHAVEZ, TEMUJIN
HMC	MARSH, THEOPHILUS
HM1	LAUS, ROLANDO

GOING TO

NNMC BETHESDA	USS KITTY HAWK (CV 63)
NMC PORTSMOUTH, RESIDENCY PROGRAM	USS KITTY HAWK (CV 63)
NH JACKSONVILLE	USS KITTY HAWK (CV 63)
RETIREMENT	USS KITTY HAWK (CV 63)



HM3	BOGACZEWICZ, BORIS	SEPARATION	USS KITTY HAWK (CV 63)
HMC	LAWRENCE, CHARLES	USS ANZIO	USS THEODORE ROOSEVELT (CVN 71)
LCDR	KILL, MATTHEW	NMC SAN DIEGO	USS RONALD REAGAN (CVN 76)
LCDR	O'HARE, DEBBIE	NMC SAN DIEGO	USS RONALD REAGAN (CVN 76)
HMC(SW)	CUSODIO, ALBERT	RETIREMENT	USS RONALD REAGAN (CVN 76)
HM3	MCGEE, STEPHEN	NMC SAN DIEGO	USS RONALD REAGAN (CVN 76)
SN(SW)	GREG, WILLIAM	NSHS GREAT LAKES	USS RONALD REAGAN (CVN 76)
EN3(SW)	SALMONS, BRYON	NSHS GREAT LAKES	USS RONALD REAGAN (CVN 76)
MM3(SW)	REED, MEGAN	NSHS GREAT LAKES	USS RONALD REAGAN (CVN 76)





Photo Op Corner



Well, no one sent in any pictures for the “Photo Op Corner” this quarter, so you get to see a picture of my Grandson Trey and my Dog Ruffy. If you don’t want to see more family photos, send me some of yours! (You’ve got to admit though, they’re both pretty cute!)

If you have a photograph you would like to submit for possible publication in the Photo Op Corner, e-mail an electronic file (preferably JPEG format) to john.larnerd@navy.mil. Indicate in your e-mail who the photographer was and include an e-mail address to facilitate our obtaining permission to use the photograph.



Items of Interest

27 November 05

From: Medical Admin Officer, USS CARL VINSON (CVN 70)

To: Commander, Naval Air Forces, (N01M)

Subj: SETTING UP GUARANTEED RETURNS AND CARDINAL ACCOUNTS

1. The following directions describe how to set up a Guaranteed Returns account.

- 1) Guaranteed Returns. Contact Maria Rosendorf (800)473-2138 ext 127. Ms. Rosendorf can assist the setup of your Guaranteed Returns acct by having you complete an enrollment form for your ship's medical dept.
- 2) Cardinal Health. Contact Linda Grugan (215)737-2806 or Linda.Grugan@dla.mil. Ms. Grugan can assist in setting up your ship's Cardinal account. Your Supply department may need to be involved because some of your orders may exceed credit from Guaranteed Returns therefore utilizing your ship's OPTAR.

When you set up your Cardinal Acct make sure you have:

- 1) DEA #
 - 2) Card Number (Supply dept)
 - 3) Division: (Norfolk, Bre merton or San Diego)
2. Cardinal will deliver ordered pharmaceuticals to your ship via FISC. When you are deployed, your pharmaceuticals may not be delivered until you arrive back to your homeport. Delivery time when you are in your homeport is less than a week. This is especially important when you are preparing for a deployment or underway period. Most of your pharmacy orders should go through Cardinal.
3. After establishing your Guaranteed Returns account a representative will come to your ship's pharmacy, pack the expired or soon to expire pharmaceuticals – including CII and CIII narcotics/controlled substances and ship it for processing.
4. There is a 7.1% charge for processing the pharmaceuticals and a 1.5% charge for a representative to pack and pick-up. This is taken out of the credit acquired from the pharmaceuticals processed at that time.
5. It may take up to 2-months for the paperwork to be processed and credited into your Cardinal account to allow your department to purchasing new pharmaceuticals. Please keep in mind that the credit needs to be spent within 90-days. If your credit is not spent within that time, funds will be transferred to "Big Navy."
6. You have the option to send expired pharmaceuticals to Guaranteed Returns via mail if you are deployed. Work with your Supply department on mailing procedures. This can include your CII and CIII meds. If you plan on mailing CII's, you will need to contact Guaranteed Returns so they can fax a CII acquisition form to you.
7. This is a great program for large deck ships to re-utilize expired meds. In addition, when tying Guaranteed Returns to Cardinal, your pharmacy will be replenished within days of your order to ensure your department meets operational readiness for your Command.

B. N. CASADY

**PHARMACEUTICAL RETURNS MANAGEMENT PROGRAM (PRMP) CONTRACT
REGISTRATION INFORMATION**

CONTRACTOR: GUARANTEED RETURNS - HOLBROOK, NEW YORK
SP0200-01-D-1501

DOD/DVA FACILITY INFORMATION

DATE SUBMITTED: _____
FACILITY NAME: _____
ADDRESS: _____
CITY & STATE: _____ ZIP CODE: _____
DEA REGISTRATION NO.: _____ MILITARY BRANCH: _____
NOT APPLICABLE TO OCONUS FACILITIES
DODAAC #: _____
POINT OF CONTACT: _____
CONTACT PHONE NO.: _____ EXTENSION: _____
FAX NO.: _____ DSN: _____
EMAIL ADDRESS: _____
ALTERNATE POC: _____
ALTERNATE POC PHONE NO.: _____ EXTENSION: _____
EMAIL ADDRESS: _____

PRIME VENDOR INFORMATION

Primary Prime Vendor: _____
CITY: _____ STATE: _____
CREDITING PRIME VENDOR ACCOUNT NUMBER: _____
ALL CREDITS WILL BE POSTED TO THE ACCOUNT NUMBER LISTED ABOVE

DOD/DVA AFFILIATES

IF YOUR FACILITY IS DIRECTLY AFFILIATED WITH ANOTHER DOD/DVA FACILITY, PLEASE INDICATE BELOW

QUESTIONS, COMMENTS AND ADDITIONAL INFORMATION

CONTRACTOR INFORMATION**Guaranteed Returns**

100 Colin Drive - Holbrook, New York 11741-4308

1-800-473-2138 - Fax No. (631) 689-0196

www.guaranteedreturns.com

DODAAC# UY5191



R 271730Z SEP 05 PSN 282034I19
FM COMNAVSAFECEN NORFOLK VA
TO ALSAFE

UNCLAS

**SUBJ: INTERIM CHANGE 3 TO OPNAVINST 5100.19D, NAVOSH
PROGRAM MANUAL FOR FORCES AFLOAT**

ALSAFE 82/05

REF/A/DESC:DOC/CNO/05OCT2005//

AMPN/REF A IS OPNAVINST 5100.19D, NAVY OCCUPATIONAL SAFETY AND
HEALTH MANUAL FOR FORCES AFLOAT//

POC/RICK MCCLELLAN/CDR/CODE 30/LOC:NORFOLK

/TEL:DSN 564-3520 X7127/EMAIL:RICHARD.MCCLELLAN@NAVY.MIL//

GENTEXT/REMARKS/1. EXECUTIVE SUMMARY. THIS INTERIM CHANGE TO
REF A ESTABLISHES A REQUIREMENT, VICE RECOMMENDATION, FOR
PERIODIC SURFACE SHIP AND SUBMARINE SAFETY SURVEYS AND FOR
PERIODIC INDUSTRIAL HYGIENE SURVEYS.

2. ACTION. MAKE PEN AND INK CHANGES TO REF A AS FOLLOWS:

A. SECTION A0304, SUBPARAGRAPH C, CHANGE THE THIRD SENTENCE
IN SUBPARAGRAPH 3 FROM, "AN UPDATE OF THE INDUSTRIAL HYGIENE
SURVEY TO ADDRESS ALL CHANGES WHICH MAY HAVE OCCURRED, OR A MORE
LIMITED SURVEY TO ADDRESS SPECIFIC CONCERNS ARE AVAILABLE AT THE
DISCRETION OF THE COMMANDING OFFICER," TO READ, "AN UPDATE OF
THE INDUSTRIAL HYGIENE SURVEY IS REQUIRED AT LEAST EVERY TWO
YEARS TO ADDRESS ALL CHANGES WHICH MAY HAVE OCCURRED."

B. SECTION A0305, SHIPBOARD SAFETY SURVEYS, CHANGE THE LAST
SENTENCE IN THE PARAGRAPH FROM, "THIS SURVEY, WHICH IS AVAILABLE
BY REQUEST TO NAVSAFECEN, IS RECOMMENDED ONCE EVERY 3 YEARS (2
YEARS FOR SUBMARINES)," TO READ, "THIS SURVEY, WHICH IS
AVAILABLE BY REQUEST TO NAVSAFECEN, IS REQUIRED ONCE EVERY THREE
YEARS FOR SURFACE SHIPS AND SUBMARINES."

3. THIS INTERIM CHANGE APPLIES TO ALL ACTIVITIES FALLING UNDER
THE REQUIREMENTS OF OPNAVINST 5100.19D, NAVY OCCUPATIONAL SAFETY
AND HEALTH (NAVOSH) PROGRAM MANUAL FOR FORCES AFLOAT.//

BT





R 151333Z NOV 05 PSN 977594I41
FM COMNAVAIRFOR SAN DIEGO CA//N01M//

**SUBJ/2006 CARRIER MEDICAL LEADERSHIP CONFERENCE
(CMLC) //**

POC/JOHN LARNERD/CDR/COMNAVAIRLANT/LOC:NORFOLK VA/TEL:(757) 444-9269
/EMAIL:JOHN.LARNERD@NAVY.MIL//

RMKS/1. THE ANNUAL CNAF CARRIER MEDICAL LEADERSHIP CONFERENCE (CMLC) IS SCHEDULED FOR 9-12 JANUARY 2006 AND WILL BE HELD AT THE BAYSHORE CONFERENCE CENTER, NAVAL AIR STATION PENSACOLA, PENSACOLA, FLORIDA. CONFERENCE CHECK-IN WILL BE FROM 0700-0730 WITH THE CONFERENCE COMMENCING PROMPTLY AT 0730.

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2. THIS YEAR'S CONFERENCE WILL INCLUDE:

- A. KEYNOTE ADDRESS BY NASA ASTRONAUT CAPT LEE MORIN, MC, USN.
- B. MEDICAL TRAINING IN MENTAL HEALTH, WOMEN'S HEALTH, AND SEXUAL ASSAULT/FAMILY VIOLENCE.
- C. FLEET PRIME VENDOR/MEDICAL SUPPLY.
- D. RADIATION HEALTH PROGRAM.
- E. BRIEFINGS ON INTERNATIONAL SOS/TRICARE, FLEET MEDICAL LIAISON AND INFORMATION TECHNOLOGY (SAMS, TMIP, MRRS).
- F. BRIEFINGS BY THE FLEET FORCES COMMAND SURGEON, THIRD FLEET SURGEON, AND/OR FIFTH FLEET SURGEON.

G. PRESENTATIONS ON GENERAL PREVENTIVE MEDICINE ISSUES, CBR RISK COMMUNICATION, FLU/SARS, AND KATRINA/RITA LESSONS LEARNED.

H. ROUNDTABLE DISCUSSION, INCLUDING BREAKOUT SESSIONS FOR SENIOR MEDICAL OFFICERS, SHIP'S NURSE, AND MAO/LCPO.

3. CONTINUING MEDICAL EDUCATION CREDITS WILL BE PROVIDED FOR THOSE ATTENDING THIS CONFERENCE. THIS YEAR'S CMLC IS BEING HELD IN CONJUNCTION WITH THE COMBINED OPERATIONAL AND AEROMEDICAL PROBLEMS (COAP) CONFERENCE, WHICH INCLUDES THE SENIOR MEDICAL OFFICER COURSE, AND THE OPERATIONAL AND AEROMEDICAL PROBLEMS (OAP) CONFERENCE. ATTENDEES WILL HAVE OPPORTUNITIES TO PARTICIPATE IN OFFERINGS FROM

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ALL THREE VENUES.

4. ATTENDANCE BY THE FOLLOWING INDIVIDUALS IS MISSION ESSENTIAL: SENIOR MEDICAL OFFICERS, MEDICAL ADMIN OFFICERS, SHIP'S NURSE AND LEADING CHIEF PETTY OFFICERS. MEDICAL DEPARTMENTS UNDERWAY ARE STRONGLY ENCOURAGED TO SEND AT LEAST ONE REPRESENTATIVE.

5. TAD COSTS AND LODGING ARRANGEMENTS ARE THE RESPONSIBILITY OF THE ATTENDEE'S COMMAND. A LIMITED NUMBER OF RESERVATIONS HAVE BEEN MADE AT THE PENSACOLA BOQ UNDER THE NAME SUSNFS AND ARE AVAILABLE ON A FIRST COME, FIRST SERVED BASIS.

6. PLEASE CONFIRM ATTENDANCE BY 16 DEC 05 BY NOTIFYING HM1 BISHOP EMAIL PREFERRED: MICHAEL.A.BISHOP@NAVY.MIL OR BY PHONE: (619) 545-1148.//

BT



FM NAVOPMEDINST DET NAVAEROMEDINST PENSACOLA FL//35//

SUBJ/COMBINED OPERATIONAL AND AEROMEDICAL PROBLEMS COURSE//

POC/FERRARA, BILL CAPT USN/NAVAEROMEDINST/LOC:PENSACOLA FL.
TEL:COM 850 452 2457/TEL:DSN 922

RMKS/1. THIS MESSAGE HAS BEEN COORDINATED WITH THE
COMMANDANT OF THE MARINE CORPS. THE COMMANDANT HAS AUTHORIZED
TRANSMISSION TO MARINE CORPS ACTIVITIES.

2. THE NAVAL OPERATIONAL MEDICINE INSTITUTE WILL HOST THE COMBINED OPERATIONAL
AND AEROMEDICAL PROBLEMS COURSE (OAP) 9-12 JANUARY 2006 ONBOARD NAS PENSACOLA
FL. THE CONFERENCE WILL PROVIDE AN OPPORTUNITY FOR OPERATIONAL FLIGHT
SURGEONS AND AEROMEDICAL PROFESSIONALS TO EXCHANGE INFORMATION, DISCUSS
COMMON PROBLEMS, IDENTIFY NEEDS, AND DEVELOP COURSES OF ACTION TO IMPROVE
AEROMEDICAL SUPPORT TO FLEET, FLEET MARINE FORCE AND JOINT WARFIGHTERS. THE
OAP WILL RUN CONCURRENTLY WITH THE NAVAL AIR FORCES CARRIER MEDICAL
LEADERSHIP CONFERENCE AND THE CARRIER SENIOR MEDICAL OFFICER TRAINING COURSE.

3. THE CONFERENCE WILL PROVIDE CONTINUING MEDICAL EDUCATION CREDITS (CME) FOR
EACH TRACK, AT MINIMUM COST TO THE GOVERNMENT.

4. THE COMBINED CONFERENCE WILL BE HELD AT THE NAS PENSACOLA CONFERENCE
CENTER. DETAILS ON THE PRELIMINARY PROGRAM, CONFERENCE REGISTRATION AND
HOUSING INFORMATION WILL BE AVAILABLE VIA THE NOMI COMMAND WEBSITE
[HTTP://WWW.NOMI.MED.NAVY.MIL/INDEX.HTM](http://WWW.NOMI.MED.NAVY.MIL/INDEX.HTM) BY EARLY DECEMBER. ATTENDEES ARE
RESPONSIBLE FOR MAKING THEIR INDIVIDUAL HOUSING RESERVATIONS. A LIMITED BLOCK
OF ROOMS AT THE NAS PENSACOLA BOQ WILL BE AVAILABLE. ROOMS ARE RESERVED
UNDER THE ACCOUNT NAME "SUSNFS". FUNDING FOR ATTENDANCE SHOULD BE PROVIDED
BY THE INDIVIDUAL'S PARENT COMMAND OR REQUESTED THROUGH NMETC.

5. IN ADVANCE OF FORMAL REGISTRATION, FLIGHT SURGEONS INTERESTED IN ATTENDING
THE OAP CONFERENCE ARE ASKED TO SEND AN EMAIL EXPRESSING THEIR INTENTION TO
ATTEND TO WBFERRARA@NOMI.MED.NAVY.MIL TO ASSESS SPACE REQUIREMENTS AT THE
CONFERENCE CENTER. ATTENDEES FOR THE CARRIER LEADERSHIP CONFERENCE AND SMO
COURSE WILL BE COORDINATED THROUGH SEPARATE CHANNELS.

6. THE 2006 CONFERENCE WILL MARK ITS RETURN TO PENSACOLA FOLLOWING A TEN-YEAR
ABSENCE. WE EXPECT IT WILL BE A REWARDING PROFESSIONAL EXPERIENCE AND
OPPORTUNITY FOR AEROMEDICAL SPECIALISTS TO RENEW THEIR ACQUAINTANCES WITH
EACH OTHER AND WITH THE CRADLE OF NAVAL AVIATION.

7. PLEASE CONFIRM RECEIPT OF MESSAGE VIA EMAIL TO [YN1\(SW/AW\)_GARAUX@NOMI.MED.NAVY.MIL](mailto:YN1(SW/AW)_GARAUX@NOMI.MED.NAVY.MIL).

BT





Navy Aeromedical Conference NAS Pensacola 9-13 January 2006

SMO Course			Carrier Medical Leadership Course		OAP	
MONDAY 9 JAN	Topic	Speakers	Topic	Speakers	Topic	Speakers
0730 - 0800	Welcome Aboard / Administrative Comments **	CAPT Barendse CAPT Edwards CAPT Beane	Same		Same	
0800 – 0845	Commander Fleet Forces Command Update	CAPT Mike Krentz	Same		Same	
0845-0930	NORTHCOM Update	COL Powell	Same		Same	
0930-0950	BREAK		BREAK		BREAK	
0950-1030	Commander Naval Air Forces Update	CAPT Mark Edwards	Same		Same	
1030-1200	Keynote Speaker	CAPT Lee Morin	Same		Same	
1200 - 1300	Lunch		Lunch		Lunch	
1300-1345	BUMED Perspective	CDR Jim Black	Same		Same	
1345 - 1430	Commander Pacific Fleet Command Update	CAPT Bob Kiser VTC???	Commander Pacific Fleet Command Update	CAPT Bob Kiser VTC???	HQMC/MAW Updates	CAPT Cox et al
1430 - 1515	5th Fleet Update	CAPT Vernon Morgan	5th Fleet Update	CAPT Vernon Morgan	Reserve Update USN/USMC	CAPT Joe Dervay ?
1515-1600	Social/Dinner at Landry's (May shift to Tuesday Evening)					
SMO Course			Carrier Medical Leadership Course		OAP	



TUESD AY 10 JAN	Topic	Speakers	Topic	Speakers	Topic	Speakers
0730 - 0815	Chapter 2: Force Medical Ops / Credentials and Privileging	CAPT Mandel CAPT Chapman	Mental Health in an Operational Setting	Capt McDonald	Same	
0815 – 0900	Chapter 5: Administration	CAPT Edwards	Medical Boards	Capt Opfer Code 42 NAMI	OPHTHO	CAPT Anderson
0900-0930	BREAK					
0930-1015	Chapter 7: Clinical Services	CAPT Mandel	Medical Informatics (SAMS, MRRS/RAMIS, ARCMIS)	LT Patillo	ENT	CAPT Reese
1030 - 1120	Chapter 6: Medical Information Systems	HMCM Cherry CAPT Chapman			Code 42/MANMED 15 Revision	COL Bisson
1120 - 1300	Lunch					
1300 - 1345	International SOS	CDR Walton	Same		Same	
1345 - 1430	Same		Sexual Assault Program / Family Violence	NCIS	Same	
1430 - 1445	BREAK					
1445 - 1530	Same		Preventive Health Assessment (PHA) Post Deployment Health Assessment (PDHA)	CAPT Chapman	Same	
1530 - 1630	Break Out Sessions	CAPT Krenz CAPT Edwards CAPT Mandell CAPT Chapman	Break Out Sessions	CDR Larned CDR Wise HMCM Cherry	USMC Breakout Session	CAPT Cox et al



SMO Course			Carrier Medical Leadership Course		OAP	
WEDNE SDAY 11 JAN	Topic	Speakers	Topic	Speakers	Topic	Speakers
0730 - 0815	Chapter 10: Medical Equipment/Supply	HMCM Cherry	Same		FS Productivity Assessment	CAPT Anderson
0815 - 0900	MEDEVAC	CAPT Mandel	Women's Health	CDR Wise	INT MED & NEURO	CAPT Erickson DR Portrer
0900 - 0915	Break					
0915-1000	Mass Casualty	CAPT Chapman CDR Wise	Health Promotion Afloat	LCDR Killenback	USMC CASEVAC Experience	CAPT Frick?
1000 - 1045	Chapter 16: Preventive Medicine and Environmental Health	LCDR Killenback	Preventive Medicine Vaccination Requirements	LCDR Faix EPMU-5	USMC Combat Casualty Care Lessons Learned	CAPT Cox
1045-1130	Chapter 8: Ancillary Services	CAPT Chapman			FS Training Update and Requirements & Marketing Strategies	CAPT Ferrara
1130 - 1300	Lunch		Lunch		Lunch	
1300 - 1345	Chapter 14: Carrier Strike Group Operations	CAPT Mandel	Flu/SARS	LCDR Killenbeck	Same	
1345 - 1430	Chapter 17: Occupational Health and Safety	CAPT Edwards	CBR -Risk communication s/p Biological Event	LCDR Faix EPMU 5	CBR -Risk communication s/p Biological Event	LCDR Faix EPMU-5
1430 - 1445	Break					
1445 - 1530	Chapter 4: Organization and Personnel	CDR Wise	Navy Safety Center Update	CAPT John Lee	Navy Safety Center Update	CAPT John Lee
1530 - 1615	Chapter 13: Battle Readiness	CDR Wise	Shipyard/RCOH Issues	CDR Merrill CDR Leong CDR Young	Mishap Investigation Workshop	CAPT Davenport CAPT Lee



SMO Course			Carrier Medical Leadership Course		OAP	
THURS DAY 12 JAN	Topic	Speakers	Topic	Speakers	Topic	Speakers
0730 - 0815	Same		Deployment Lessons Learned Roundtable	CAPT Ann Yoshihashi	Same	
0815 - 0900	Same		Katrina/Rita Lessons Learned Roundtable	LT Resnick LCDR Rice	Same	
0900-0915	Break					
0915 - 1000	Chapter 3: Aircraft Carrier Employment/Training Cycle	CDR Wise	Medical Admin	CDR Larnerd	NAMI Fleet Consultation Line	CAPT Beane
1000 - 1045	Chapter 9: Radiation Health	LCDR Kahles	Same		NAMRL/ Research Update	CAPT Antosek ? CDR Street? CDR Hoffer
1045 - 1130	Chapter 2: Inspections, Certifications and Assist Visits	CAPT Mandel	Role of Force Nurse Training Cycle Requirements	CDR Wise	USAARL Update	COL McGhee
1120 - 1300	Wrap Up Q & A Session	CAPT Edwards	Wrap Up Q & A Session	CAPT Edwards	Lunch	
1300 - 1345	End of formal course. Participants invited and encouraged to attend final OAP sessions.				Fatigue/FAST Program	CAPT Davenport
1345 - 1430					POW/Detainee Issues	Dr. Hain
1430-1445					Break	
1445 - 1530					NATOPS Chapter 8 Revisions	CAPT Norton ?
1530 - 1600	Social at 1800 at the National Museum of Naval Aviation Cubi O Club Bar				Wrap Up/Certificates	



NEW COMNAVAIRFOR MRI CHECKLIST SAMPLE

Microsoft Excel - MRI Sample.xls

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USS _____ COMMANDER NAVAL AIR FORCE COMNAVAIRFORINST 6000.X
DATE: _____ MEDICAL READINESS INSPECTION
SECTION A

Section A: ADMINISTRATION AND TRAINING

Item Grading Criteria:
C-1: 5 Points: Fully Ready
C-2: 4 Points: Substantially Ready
C-3: 3 Points: Marginally Ready
C-4: 0 Points: Not Ready, UNSAT

Criticality: COMMENTS

1. ORGANIZATION

a. ORGANIZATION MANUAL/SORM CURRENT

b. WATCH QUARTER AND STATION BILL POSTED

(1) Stretchers/Bearers (2) PER BDS/RL, Pivote-Talkers Ident'd & qualified

(3) Includes all special situations

c. CREDENTIALING PROGRAM W/IN CURRENT DIRECTIVES

(1) Appropriate credentialing documents on file

d. SOP MANUALS/OTHER REQUIRED INSTRUCTIONS CURRENT

e. EMERGENCY BILLS CURRENT

Ref: OPNAVINST 5120.52C, CNAF 6000.1, CNAF 5000.20

C-1	C-2	C-3	C-4	Score	COMMENTS
X				5	
X				5	
			X	0	No Stretchers/Bearers or Pivote-Talkers Ident'd
	X			4	Missing Man Overboard
X				5	
X				5	
	X			4	Several SOP's exceed one year's time last review
X				5	
Total:				33	83% C-2

2. MEMORANDUM FOR THE RECORD

a. SPECIAL OCCURENCES DOCUMENTED

b. REVIEWED AND SIGNED BY DDO/DNO/SNO

Ref: CNAF 6000.1

C-1	C-2	C-3	C-4	Score	COMMENTS
X				5	
X				5	
Total:				10	100% C-1

3. PROFESSIONAL BOOKS AND MATERIALS

a. REQUIRED PUBLICATIONS ONBOARD (STAT Med MEDICAL CD-ROM)

b. PREVIOUS CRUISE REPORTS ON FILE (over last 5 years)

c. LAST FOUR ISSUES OF BONES ON FILE

Ref: COMFLTCOMINST 6820.1 Series 1

C-1	C-2	C-3	C-4	Score	COMMENTS
X				5	
X				5	
X				5	
Total:				15	100% C-1

4. HEALTH RECORDS

a. HEALTH RECORDS PROPERLY MAINTAINED & VERIFIED

(1) RECORD SECURITY MAINTAINED

(2) LAB RESULTS FILED & INITIALED BY PROVIDER

(3) X-RAY RESULTS FILED & INITIALED BY PROVIDER

(4) CORPSE/IN ENTRIES CO-SIGNED BY IDC OR PROVIDER

Ref: MANMED P-117, CNAF 6000.1

C-1	C-2	C-3	C-4	Score	COMMENTS
	X			4	Several Jacks need replacing
		X		3	Records room cannot be locked
X				5	
X				5	
X				5	
Total:				22	88% C-2

5. OTHER ADMINISTRATION

a. FILES ESTABLISHED W/IN SECNAVINST 5215.1, 5210.11

b. RECORDS RETIRED W/IN SECNAVINST 5215.5

c. NON-FEDERAL MEDICAL PAYMENT PROGRAM

C-1	C-2	C-3	C-4	Score	COMMENTS
X				5	
X				5	
X				5	

Page 1 of 2

Enclosure (1)

NUM



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USS _____ COMMANDER NAVAL AIR FORCE _____ COMNAVAIRFORINST 6000.X

MEDICAL READINESS INSPECTION

SECTION A

DATE: _____

(1) TRICARE ISOS INFORMATION AVAILABLE

d. ACCIDENT/INJURY REPORTS COMPLETED WHEN APPLICABLE (b forwarded to Safety)

e. MONTHLY QA REPORTS SUBMITTED BY 15TH OF EACH MONTH

(1) KEY PROBLEM AREAS ADDRESSED AND CORRECTED

f. CRUISE REPORTS/LESSONS LEARNED

(1) Kikaki review of previous on-site report (if sheet is applicable)

g. IMMUNIZATION DATA SUBMITTED (WIN SECNAVINST 6230.4)

Ref: SECNAVINST, CNAF 6000.1

	C-1	C-2	C-3	C-4	Score	
X					5	
		X			3	Poor record of forwarding to Safety
	X				4	Frequently submitted late
X					5	
X					5	
X					5	
X					5	
Total:					47	94% C-1

6. MEDICAL INFORMATION SYSTEMS

a. CURRENT SAMS VERSION ON BOARD

b. DAILY, WEEKLY, MONTHLY BACK-UPS BEING ACCOMPLISHED

c. PASSWORD ON FILE WITH CIMS/SECURITY MANAGER

d. KEY MEMBERS HAVE ATTENDED FORMAL TRAINING

(1) PROFICIENT IN USING SAMS

e. ALL SICK CALL VISITS RECORDED INCLUDING ICD-9 CODES

f. MEDICAL EVENT REPORTING SYSTEM USED AS REQUIRED

Ref: SECNAVINST, CNAF 6000.1

	C-1	C-2	C-3	C-4	Score	
X					5	Version:
			X		3	Only daily back-ups being accomplished
X					5	
X					5	
X					5	
X					5	
X					5	
Total:					33	94% C-1

7. APPOINTMENT MANAGEMENT

a. FOLLOW-UP APPOINTMENTS

b. CONSULTATIONS

(1) Completed consultations filed in record and initialed by provider

(2) Able to track status of pending consultations

Ref: CNAF 6000.1

	C-1	C-2	C-3	C-4	Score	
X					5	
X					5	
X					5	
X					5	
Total:					20	100% C-1

8. TRAINING

a. SHIP'S TRAINING PLAN INCLUDES MEDICAL TOPICS

b. INSERVICE TRAINING FOR MEDICAL PERSONNEL CONDUCTED

(1) JR HM INDOCC COMPLETED WITHIN 6 MOS OF REPORTING

(2) IDC HAS SUFFICIENT CEUs (12/YEAR)

(3) BCLSWAED CERTIFICATION OF ALL MED DEPT MEMBERS

(4) ACLS CERTIFICATION (if applicable)

(5) ATLS CERTIFICATION (if applicable)

Ref: CNAF 3500.20, CNAF 6000.1

	C-1	C-2	C-3	C-4	Score	
				X	0	No medical topics in ship's training plan
X					5	
X					5	
X					5	
X					5	
X					5	
Total:					30	86% C-2

OF CRITICAL C-4's: 2 X 5 Penalty Points: (10)

SECTION A SCORE: 81.30 C-2

Page 2 of 2

Enclosure (1)

**COMNAVAIRLANT Flight Surgeons**

NAS Norfolk

Com: (757)314-6314

DSN:

Unit	Flight Surgeon	Phone / Email
VAW-120	LCDR Jennifer Espiritu	314-6374 / jmespiritu@mar.med.navy.mil / jennifer.espiritu@navy.mil
HC-2	LCDR Lita O'Neal	314-6316 / 445-4788 / elo'neal@mar.med.navy.mil
HSC-26	LT James Barrett	314-6316 / james.m.barrett1@navy.mil
HSC-28	LT Aaron Patterson	314-6310 / aapatterson@mar.med.navy.mil / aaron.patterson@navy.mil
HM-14	LT Rolf Schmidt	314-6403 / 444-2081 X 424 / rkschmidt@mar.med.navy.mil / rolf.schmidt@navy.mil
VRC-40	LT Olga Smith	314-6320 / smithom@vrc40.navy.mil / omsmith@mar.med.navy.mil / olga.smith@navy.mil
BMC Sewells Point	LCDR Scott Carlson	314-6403 /
Safety Center	CAPT John Lee	444-3520 X-7228 / john.lee1@navy.mil
Safety Center	CDR Kevin Brooks	444-3520 X-7268 / kevin.e.brooks2@navy.mil

NAS Oceana

Com: (757)314-7005

DSN:

Unit	Flight Surgeon	Phone / Email
VFA-106	LT Rajat Varma	314-7065 / rajat.varma@navy.mil
VFA-106	LCDR David Kay	314-7065 / david.l.kay@navy.mil
CVW-1	LT Michael Barry	314-7162 / Michael.j.barry1@navy.mil
CVW-3	LT Gregory Freitag	314-7117 / freitaggh@cvw3.navy.mil
CVW-7	LT Jason Rubino	314-7062 /
CVW-7	LT Adar Berghoff	314-7166 / rajat.varma@navy.mil
CVW-8	LT Bettina Sauter	314-7167 / bettina.sauter@navy.mil
CVW-17	LCDR Herman Gonzalez	314-7002 / hfgonzalez@mar.med.navy.mil
STRKFITWINGLANT	LCDR Brian O'Neal	433-9270 / 314-7184 / brian.oneal@navy.mil
BMC NAS Oceana	LT Sonovia Johnson	314-7165 / sonovia.johnson@navy.mil

NAS Jacksonville

Com: (904)542-3500

DSN: 942-3500 x 8816

Unit	Flight Surgeon	Phone / Email
VP-5	LT Erin Adams	X8852 / erin.adams@navy.mil
VP-16	LT Eric Deussing	X8852 / eric.deussing@sar.med.navy.mil
VP-30	LT Eric Anderson	X8727 / eric.anderson@sar.med.navy.mil / eric.l.anderson1@navy.mil
VP-30	LT Erika Beard-Irvine	X8855 / erika.beardirvine@navy.mil
VP-45	LCDR Henry Irvine	X8854 / henry.irvine@sar.med.navy.mil
CVW-3	LT Matt Tadlock	X8852 / matthew.tadlock@sar.med.navy.mil
CVW-8	LCDR Dennis Albino	X8854 / dennis.albino@navy.mil
CVW-17	LT Andrew Dvorak	Andrew.Dvorak2@sar.med.navy.mil
BMC Jacksonville	LT Nick Bildzukewicz	X8853 / nikolai.bildzukewicz@sar.med.navy.mil
BMC Jacksonville	CAPT James Higgins	X8115 / james.higgins@sar.med.navy.mil



MCAS Beaufort Com: (843)228-7424 DSN: 335-7424

Unit	Flight Surgeon	Phone / Email
CVW-1	LT Domenic Scalamogna	DSN 335-7607 / dscalamogna@beaufort.med.navy.mil / domenic.scalamogna@navy.mil

NAS Brunswick Com: DSN: 476-

Unit	Flight Surgeon	Phone / Email
VP-8	LT Alexander Abess	(207) 921-1164 / alexander.abess@navy.mil
VP-10	LT Todd Otten	(207) 921-1178 / todd.otten@navy.mil
VP-26	LT Don Udall	(207) 921-1164 / don.udall@navy.mil
COMPATRECONGRP	LCDR Joseph Lienert	(207) 921-2920 / joseph.j.lienert@navy.mil
VPU-1	LT Michael Cosgrove	(207) 921-1274 / michael.cosgrove1@navy.mil
BMC NAS Brunswick	LT Chris Bloomer	(207) 921-1830 / chris.bloomer@nhcne.med.navy.mil

NAS Corpus Christi Com: DSN: 861-3410

Unit	Flight Surgeon	Phone / Email
HM-15	LT Thomas Slattery	DSN 861-2689 /

NS Mayport Com: (904)270-4343 DSN: 960-1343

Unit	Flight Surgeon	Phone / Email
COMHSLWINGLANT HSL-4	CDR Jeffrey Ruterbusch	(904)270-4313 / DSN 960-1313 / Jeffrey.Ruterbusch@sar.med.navy.mil / jeffrey.ruterbusch@navy.mil
HSL-44/46/48	LT Karl Rosen	(904)270-4312 / DSN 960-1312 / karl.rosen@sar.med.navy.mil / karl.rosen@navy.mil
HSL-40	LCDR Rich Hamilton	(904)270-4311 / DSN 960-1311 / richard.s.hamilton@navy.mil

NAS Patuxent River Com: DSN: 342-1429

Unit	Flight Surgeon	Phone / Email
NASC/AIR 4.0	CDR Ed Park	(301) 342-8468 / edwin.park@navy.mil
NAVTESTWINGLANT		
NAVTESTWINGLANT	LT Christopher Dolan	(301) 757-3316 / Christopher.dolan@navy.mil
NTPS	LT Nancy Churosh	(301) 757-5037 / nancy.churosh@navy.mil
VX-23	LT John Trask	(301) 342-4990 / john.trask@navy.mil
NAWCAD (AIR 4.6)	LT Eugene Milder	(301) 757-1617 / Eugene.milder@navy.mil
VX-1	LT David Jannotta	(301) 757-1459 / david.jannotta@navy.mil
NMC Patuxent River	LT Brian Karlovits	(301) 342-2772 / bjkarlovits@us.med.navy.mil

NAS Key West Com: (305)293- DSN: 483-

Unit	Flight Surgeon	Phone / Email
BMC Key West		(305)293-4600 Ex. 1345 /
NAS Key West	LT Brian Riley	(305)293-4600 Ex. 1346 / b_r_riley@sar.med.navy.mil / brian.r.riley@navy.mil

NAS Roosevelt Roads Com: (787) 863-4118 DSN: 831

Unit	Flight Surgeon	Phone / Email
NH Roosevelt Roads	LT Douglas Winstanley	(787)865-5824 / douglas.winstanley@navy.mil



NAS Rota, Spain Com: DSN: 314-727-3400

Unit	Flight Surgeon	Phone / Email
NH Rota	LCDR Andrew Rusnak	011-34-956-82-3438
VQ-2	LT Brennan Tribble	011-34-956-82-3508 /

NAS Keflavik, Iceland Com: DSN: 425-3243

Unit	Flight Surgeon	Phone / Email
NAS Keflavik	LT Jeffrey Martens	DSN 425-3392 /

NAS Sigonella, Italy Com: DSN: 314-624-5455

Unit	Flight Surgeon	Phone / Email
HC-4	LT Paul Langevin	314-624-6671 /
NH Sigonella	LCDR Scott Pusateri	sipusateri@sig.med.navy.mil

NSA Souda Bay, Greece Com: DSN: 314-266-1594

Unit	Flight Surgeon	Phone / Email
NSA Souda Bay	LT Mark Eaton	meeaton@sig.med.navy.mil
BMC NAF Souda Bay	LCDR David Haynes	

NAF Washington Com: (240)857-2850/2 DSN: 857-

Unit	Flight Surgeon	Phone / Email
NAF	CDR Ed Feeks	edmond.feeks@navy.mil
NAF	LCDR William Cramer	william.cramer@navy.mil
NAF	LCDR Edward Chin	
NAF	LT Mark Eaton	mark.eaton@navy.mil

Naples, Italy Com: DSN: 626-5311

Unit	Flight Surgeon	Phone / Email
NH Naples	LT David Yue	dyue@naples.med.navy.mil

Guantanamo Bay, Cuba Com: DSN:

Unit	Flight Surgeon	Phone / Email
NH Guantanamo Bay		





COMNAVAIRPAC Flight Surgeon Listing

Anderson AFB, Guam: (671) 366-2275

Unit	Flight Surgeon	Phone / Email
HC-5	No Flight Surgeon Assigned	

NAS Atsugi, Japan: 011 81 3117-43-3690

DSN: 264-3951

Unit	Flight Surgeon	Phone / Email
CVW-5	LT Josephene Nguyen	011 81 3117 43 3690/ josephene.nguyen@cvw5.navy.mil
CVW-5	LT Philip Letada	011-81-3117-64-3198/ philip.letada@cvw5.navy.mil
CVW-5	LT Roy Hoffman	011 81 3117-43- 3690/roy.hoffman@cvw5.navy.mil
HSL-51	LT Kurt Snyder	011-81-6160-64-3608/4690 snyderk@nhyoko.med.navy.mil
VFA-192	WS	WS
VFA-195	WS	WS
VAQ-136	WS	WS
VS-21	WS	WS
HS-14	WS	WS
VFA-27	WS	WS
VAW-115	WS	WS
VRC-30 DET 5	WS	WS
VF-102	WS	WS

NAWS China Lake: Comm: 760-939-8008

DSN Prefix: 437

Unit	Flight Surgeon	Phone / Email
VX-9	CDR William Agerton	760-939-4889/william.agerton@navy.mil

NAS Fallon: (775) 426-3115

DSN Prefix: 890

Unit	Flight Surgeon	Phone / Email
NSAWC	LT Michael McMurtry	775-426-4100/michael.mcmurtry.navy.mil
NSAWC	LT Christopher Way	775-426-3910/ christopher.way@navy.mil

MCAS Kaneohe Bay: (808) 257-3365

DSN Prefix: 457

Unit	Flight Surgeon	Phone / Email
VP-4	LT Charles Gould	808-257-5041/ charles.f.gould@navy.mil
VP-9	LT Isaac Gooding	808-257-5041 x510/ isaac.gooding@navy.mil
VP-47	LT Dedrick Luikens	808-257-5041 x248/dedrick.luikens@navy.mil
HSL-37	LT Jacob Sellon	808-257-5041 x249/ jacob.sellon@navy.mil
VPU 2	LT Kathy Tieu	808-257-5041x527/kathy.tieu@navy.mil
TSC Kanho Bay	No Flight Surgeon Assigned	
TSC North Island	No Flight Surgeon Assigned	

NAS Lemoore: (559) 998-4314/4317

DSN Prefix: 949

Unit	Flight Surgeon	Phone / Email
CVW-2	LT Lisa Peterson	559-998-1116/ lisa.a.peterson@navy.mil
CVW-9	LT Samuel Steele	559-998-3661 samuel.steele@navy.mil



CVW-11	LT Bryan Vander Schuur	559-998-2288 bryan.vanderschuur@navy.mil
CVW-14	LT Leon Que	559-998-2290/leon.que@navy.mil
VFA-25	WS	WS
VFA-113	WS	WS
VFA-115	WS	WS
VF-154	WS	WS
VFA-22	WS	WS
VFA-41	WS	WS
VFA-97	LT Michael Perry	559-998-2288/michael.j.perry2@navy.mil
VFA-94	WS	WS
VFA-122	LT Corey Gustafson	559-998-4382/corey.gustafson@navy.mil
VFA-125	LT Mark Jacoby	559-998-4885 / mark.jacoby@navy.mil
VFA-125	LT Ashley Lesley	559-998-3727/Ashley.Lesley@navy.mil
VFA-146	WS	WS
VFA-147	WS	WS
VS-29	WS	WS
VF-2	WS	WS
VFA-137	WS	WS
VFA-151	WS	WS

NAS North Island: (619) 545-4263

DSN Prefix: 735

Unit	Flight Surgeon	Phone / Email
COMHSLWINGPAC	LT Hasan Hobbs	619-767-7597 hassan.hobbs@navy.mil
HC-3	LT Chritopher Kuzniewski	619-545-4269 / christopher.kuzniewski@navy.mil
HSC-11	LCDR Lena F. Cobbs	619-545-4276 / lena.cobbs@navy.mil
HS-2	WS	WS
HS-4	WS	WS
HS-6	WS	WS
HS-8	WS	WS
HS-10	LT Carol Healy	619-545-0398 /carol.healy@navy.mil
HSL-41	LT Doug Winstanley	619-767-7597/doug.winstanley @navy.mil
HSL-43	WS	WS
HSI-45	WS	WS
HSL-47	WS	WS
HSL-49	WS	WS
CVW-9	LT Robert Marks	619-545-0396 robert.marks@nmcsd.med.navy.mil
CVW-14	LT Jason Ling	619-767-7734/jason.ling@navy.mil
VRC-30	LT Todd Guth	619-545-0411/todd.guth@navy.mil
VS-33	WS	WS
VS-35	WS	WS
VS-38	WS	WS
VS-41	LCDR Roderick Borgie	619-545-0410/rcborgie@nmcsd.med.navy.mil
FASOTRAGRUPAC	LT Hyung Kim/GMO	619-545-7245 / hyung.kim@navy.mil
FASOTRAGRUPAC	LCDR Eric Potterat/PSY	619-545-6304 / eric.potterat@navy.mil



NAS Point Mugu: (805) 989-8815

DSN Prefix: 351

Unit	Flight Surgeon	Phone / Email
COMAEWWINGPAC	LCDR Rebecca Baczuk	805-989-0313/ rebecca.baczuk@navy.mil
COM CVW PAC DET	WS	WS
VAW-112	WS	WS
VAW-113	WS	WS
VAW-115	WS	WS
VAW-116	WS	WS
VAW-117	WS	WS
Naval Air Reserve		805-989-3910

Tinker AFB: (405) 336-2157

DSN Prefix: 336

Unit	Flight Surgeon	Phone / Email
VQ-3	LT Erin Griffith	405-739-3990/erin.griffith@navy.mil
VQ-4	LT Mary Mcgranahan	405-739-3990 / mary.mcgranahan@navy.mil
NAVTRASUPP UNIT	No Flight Surgeon Assigned	
FAIRECRON 3 DET	No Flight Surgeon Assigned	
FAIRECRON 4 DET	No Flight Surgeon Assigned	

NAS Whidbey Island: (360) 257-9500

DSN prefix: 820

Unit	Flight Surgeon	Phone / Email
COMVAQWINGPAC	CDR Stephen Mattson	360-257-9836/ stephen .mattson@navy.mil
CVW-2	LT Jody Weinstein	360-257-0306/jody.weinstein@navy.mil
VQ-1	LT Rebecca Berke	360-257-9409/Rebecca.berke@navy.mil
VQ-2	LT Brendan Tribble	360-257-9500/brendan.tibble@navy.mil
VP-1	LT Glen Dowling	360-257-9840/ glen.dowling@navy.mil
VP-40	LT Jeffrey Kang	360-257-9578/jeff.kang@navy.mil
VP-46	LT Penelope Goode	360-257-9406/ penelope.goode@navy.mil
VAQ-129	LCDR Billy Ledbetter	257-0978 / billy.ledbetter@navy.mil
VAQ-130	WS	WS
VAQ-132	WS	WS
VAQ 133	LT David Hayes	360-257-0306 david.w.hayes@navy.mil
VAQ-134	LT Cameron Nelson	360-257-9840 cameron.j.nelson@navy.mil
VAQ 135	WS	WS
VAQ-137	WS	WS
VAQ-138	WS	WS
VAQ-140	WS	WS
VAQ-141	WS	WS
VAQ-142	LT Scott Harley	360-257-0978/scott.harley@navy.mil
CVW-11	LT Nancy Warner	257-9842 / nancy.warner@navy .mil
Naval Air Reserve	LT Mark Lambert	360-257-0978/mark.e.lambert@navy.mil

Please review and update as necessary. Forward all updates to COMNAVAIRPAC Force Medical Office



NAVAIRLANT Carrier Medical Department Phone List

SHIP	INPORT	POTS	STAFF				E-MAIL
USS ENTERPRISE (CVN 65) FPO AE 09543-2810 UIC 03365	534-1326	443-7777	SMO Surg GMO PA CP MAO	CDR Dave Gibson LCDR Ralph Butler LT Jibri Wiggins LT Jon Randall LT Robert Hines LT Darla Howell	LCPO Nurse PT RHO PMT	HMCN Sandra Gaines LCDR Tommie Davis LT Henry McCracking LTJG Emily Smith HMCS Sprague	gibsond@cvn65.navy.mil howelldm@enterprise.navy.mil gainess@enterprise.navy.mil smithea@enterprise.navy.mil
USS JOHN F. KENNEDY (CV 67) FPO AA 34095-2800 UIC 03367	(904) 270-5843 DSN 960-5843	443-7431	SMO Surg GMO PA CP	CAPT Thomas Hatley CAPT John Widergren LT Geoffery Wilson LT Ron Perry	MAO LCPO Nurse PT PMT	LT Tim Samuelson HMCS Anna Sanzone LT Steve Schwenkler HM1 Jeffery Ozman	hatleyte@kennedy.navy.mil samuelte@kennedy.navy.mil sanzone@kennedy.navy.mil ozmanjl@kennedy.navy.mil
USS DWIGHT D. EISENHOWER (CVN 69) FPO AE 09532-2830 UIC 03369	(757) 445-3036 (SMO) 445-3029 (MAO/LCPO) 445-3037	443-7452	SMO Surg GMO PA CP MAO	CDR Michael Acromite CAPT James Ftcsar LT Jennifer Drinkwine LT Dwayne Maryott LCDR Caron LT Edward Drish	LCPO Nurse PT RHO PMT	HMCS Mark Sanders LT Jeremy Hawker LT Melissa Lodhi LCDR Doug Fletcher HM1 Worley	smo@eisenhower.navy.mil drishew@eisenhower.navy.mil sanderma@eisenhower.navy.mil hawkerjj@eisenhower.navy.mil fletchdw@eisenhower.navy.mil
USS CARL VINSON (CVN 70) FPO AE 09566-2840	(757) 534-0748 (757) 534-0743		SMO SURG GMO PA CP MAO	CDR Wing Leone Vacant LT Lachlan Munro LT Roger Talbot LT Augusto Ruiz LT Brent Cassidy	LCPO Nurse PT RHO PMT	Emmanuel Montenegro LT Matt Mattro LT Domenica Boswell	wing.leong@vinson.navy.mil bcassady@vinson.navy.mil mmattro@vinson.navy.mil emonten@vinson.navy.mil dboswell@vinson.navy.mil
USS THEODORE ROOSEVELT (CVN 71) FPO AE 09599-2871 UIC 21247	(757) 443-7466	443-7466	SMO Surg GMO PA CP MAO	CDR Deborah Hinkley CDR William Brunner LT David Rich LT Michelle Douglas CDR Mark Monahan LT Marjorie Wytzka	LCPO Nurse PT RHO PMT	HMCS Marina LeTourneau LCDR Steve Brown LT Scott Norton LTJG Beata Gonzales HMC Wayne Rudolf	hinkleda@cvn71.navy.mil wytzkama@cvn71.navy.mil letourmsj@cvn71.navy.mil brownsl@cvn71.navy.mil schreewa@cvn71.navy.mil
USS GEORGE WASHINGTON (CVN 73) FPO AE 09550-2873 UIC 21412	(757) 534-3630	N/A	SMO Surg GMO PA CP MAO	CDR James Young LCDR Jonathan Pearl LT Veronica Rios LT Chris Maldarella LT Jeffrey Cook LT Doug Schweikhart	LCPO Nurse PT RHO PMT	HMCS Frank Mordica LCDR Wayne Springer LT Jackie Pollock ENS Marcus Hill HM1 Claude Copeland	youngj1@washington.navy.mil schweikd@washington.navy.mil mordicf@washington.navy.mil springg@washington.navy.mil hillm@washington.navy.mil
USS HARRY S. TRUMAN (CVN 75) FPO AE 09524-2875 UIC 21853	(757) 444-1610	443-7882	SMO Surg GMO PA CP MAO	CDR Paul Kane LCDR Shawn Safford LT Catherine Saxbe LT Tobijah Griffin LCDR Steven Porter LTJG Kathleen Charles	LCPO Nurse PT RHO PMT	HMCS Darrell Hamilton LT Elizabeth Porter LCDR Daniel Higgins LT Wanda Dawson HM1 Daniel Wheeler	kanepd@truman.navy.mil charleka@truman.navy.mil dawsonwf@truman.navy.mil hamiltr@truman.navy.mil



COMNAVAIRPAC CARRIER PHONE LIST

SHIP	INPORT PHONE	POTS	STAFF		SMO / MAO / LCPO / NURS E-MAIL
USS KITTY HAWK (CV 63) FPO AP 96634-2770 UIC 03363	011-81-6160-43-4295 ext 5002/5000 DSN 315-243-6653	DSN 315-453-7301 Ext 5002	SMO – CDR Joseph Swartz Surg – CDR Linda Beltra GMO – LT Kristin Stevens PA – LT Raymond Mazzucco CP- LT Matthew Picerno	MAO - LT Melody Fugazotto LCPO – HMCS Eric Covington Nurse – LCDR Sheila O’Leary PT- LT Lars Krusholm	smo@kitty-hawk.navy.mil melody.fugazzotto@kitty-hawk.navy.mil covingte@kitty-hawk.navy.mil olearys@kitty-hawk.navy.mil
USS NIMITZ (CVN 68) FPO AP 96620-2820 UIC 03368	619-545-0485	619-545-0485	SMO – CDR James Zacovic Surg – LT Robert Howard GMO – LT Michele Collins PA – LT Beverly Southerland CP- LT Melissa Hiller	MAO – LT Gregory Page LCPO - DTCS Steven Perez Nurse – LCDR George Reichart PT- LT Leslie Hair RHO – ENS Daryl Rohde	smo@nimitz.navy.mil meddivo@nimitz.navy.mil medlcpo@nimitz.navy.mil george.reichert@nimitz.navy.mil medrn@nimitz.navy.mil
USS ABRAHAM LINCOLN (CVN 72) FPO AP 96612-2872 UIC 21297	425-304-5123	619-545-9372	SMO - CDR Jamin McMahon Surg – CAPT Eduardo Cuison GMO –LT Kendall Lane PA – LT Justus Ehlers CP- LT Blake Mitchell	MAO – LT Chad Rees LCPO – HMCS Tim Stewart Nurse – LT Joanne Vanhorn PT-LCDR Jennifer Calvin RHO – LT Mendoza	mcmahon.jay@lincoln.navy.mil rees.chad@lincoln.navy.mil stewart.timothy@lincoln.navy.mil vanhorn.joanne@lincoln.navy.mil calvin.jennifer@lincoln.navy.mil
USS JOHN C. STENNIS (CVN 74) FPO AP 96615-2874 UIC 21847 HOMEPORT BEACH DET: 619-846-1812	360-476-7623 (Barge) 360-627-2562 (Ship)		SMO – CDR Barth Merrill Surg – LCDR Eric Thomas GMO –LT Shauna O’Sullivan PA – LT David Pickens CP – Carol Zwiebach	MAO – ENS Dom Constantino LCPO – HMCS Theresa Barnett Nurse – LT Anthony Baldwin Vokes PT- LT Danny Hollingsworth RHO – LTJG Michael Rea	merrillb@stennis.navy.mil constantinod@stennis.navy.mil barnett@stennis.navy.mil anthony.baldwin@stennis.navy.mil michael.rea@stennis.navy.mil
USS RONALD REAGAN (CVN 76) FPO AP 96616-2876 UIC 22178	619-545-0246	619-545-0246	SMO – CDR John Burgess Surg – LCDR George Linville GMO – LT Ezekiel Wetzell PA – LT Edward Owens CP - LT David Burke	MAO – LT Shawn Musarra CRNA – LCDR Debbie O’Hare LCPO – HMCS Alfred Lamb Nurse – LCDR Michelle Huddleston PT – LT Kristin Hodapp RHO – LT Sean Judge	burgessjb@reagan.navy.mil musarrasa@reagan.navy.mil lambah@reagan.navy.mil huddlestonmc@eagan.navy.mil wetzelej@reagan.navy.mil burkedm@reagan.navy.mil hodappkr@reagan.navy.mil



John Smith
Mike (Chet)
David
4 Docking Station
Commander

